

Please return form to:
 Downstream Casino Resort
 Attention Income Audit
 69300 East Nee Road
 Quapaw, OK 74363



Win/Loss or Tax Information Request Form

Name _____	/	_____	Players Club Card # _____
Last Name		First Name	
Social Security Number _____	Date of Birth _____	_____	_____
	Month	Day	Year
Mailing Address _____	/		_____
Street Address or P.O. Box			Apartment Number
City _____	State _____	Zip _____	
Telephone _____	E-mail if applicable _____		

Please provide me with a statement of my activity for the tax year: _____

The following document(s): (Please Check): Win/Loss Statement W2G 1099 Gaming

I hereby certify that the information and statements contained herein are true and correct. I hereby authorize Downstream Development Authority DBA Downstream Casino Resort to provide me with the above checked statement(s). By signing below, I agree to release Downstream Development Authority DBA Downstream Casino Resort, its officers, directors, employees, and agents from and against any loss, cost, expense (including attorney's fees and costs), damages, liability or claims of any kind. I agree to indemnify Downstream Development Authority DBA Downstream Casino Resort from and against any and all suits, causes of action, liabilities, costs, losses, damages, and attorney's fees and costs which I or my spouse, administrators, executors, agents, assignees or any third party may have arising out of or relating to this request.

I have executed this request at _____, _____
CityState
 on this _____ day of _____, 20____.

 Guest's Authorized Signature

DO NOT WRITE BELOW THIS LINE. FOR DOWNSTREAM CASINO USE ONLY.

Identification Type	Insert Verification	Verifier's Signature
Social Security		
Photo Identification		
Other Identification		
Notarized		