

# RIVERCITY<sup>®</sup>

## CASINO

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### W-2G/WIN-LOSS REQUEST FORM

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*Please print all information clearly.*

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First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Social Security Number (required for W2-G) \_\_\_\_\_ Club Account Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

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Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Tax Year Requested \_\_\_\_\_

**Please Check one or both of the Following:**

- **Win-Loss Statement:** Document indicates estimated play activity (wins or losses) based upon observable and/or carded gaming activity.

- **W-2G:** IRS form summarizing jackpots won that exceed \$1,200.

**Request Agreement**

I certify that the statements contained herein are true and correct, and hereby request that River City provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play, and that the information I am requesting consists of estimates only and may not be appropriate for income tax reporting. In consideration of my receipt of this information, I agree to indemnify and hold harmless River City, its subsidiaries and affiliates, and their respective officers, directors, employees and agents from any and all claims, suits, causes of action, liabilities, costs, losses, damages, and expenses (including attorney's fees and costs) which I, or my administrators, executors, agents, successors, heirs or assigns, or any third party, might have or incur as a result of, or in any way relating to, my receipt and/or use of the information.

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**Signature (Required)** \_\_\_\_\_

**Date** \_\_\_\_\_

Please complete the request form and return it to:

River City Casino

Attn: Win-Loss Requests

777 River City Casino Blvd.

St. Louis, MO 63125

Fax number: (314) 754-1906

Phone Number: (314) 388-7608

***Please Allow 2 - 4 Weeks for Processing Your Request.***