

Please return form to:
 Gold Strike Casino Resort, LLC
 Attention Corporate Tax
 777 West Cherokee Street
 Catoosa, OK 74015-0399
 Email: taxrequest@goldstrike.com



A ONE STAR REWARDS® CASINO

Tax Information Request

Name _____ / _____ Players Club Card # _____
Last Name First Name

Social Security Number _____ Date of Birth _____ / _____ / _____
Month Day Year

Mailing Address _____ / _____
StreetAddress or P.O. Box Apartment Number

City _____ State _____ Zip _____

Telephone _____

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

The following documents: W2G 1042 1099 Gaming Win/(Loss) Statement

I hereby certify that the information and statements contained herein are true and correct and I hereby authorize Gold Strike Casino Resort, LLC to provide me with the above checked statement(s). By signing below, I agree to release Gold Strike Casino Resort, LLC, its officers, directors, employees, 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 Gold Strike Casino Resort, LLC from and against any and all suits, causes of action, liabilities, costs, losses, damages, 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.

 Customer Signature & Date

DO NOT WRITE BELOW THIS LINE. FOR INTERNAL USE ONLY

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