## W2G-1099 Request



Date:  Customer Name:  Player's Card Number		Social Security No.: Contact Phone:	
			Please mail W2G-1099 to address on file.
	I will pick up W2G-1099 at Players' Club.		
Signed:		<del>_</del>	
	Please allow up to 2 weeks fo	r your request to be processed.	
or sign the al		either request the statement in person at our Player's Club tary Public must complete their portion of the form below.	
State of	County/Parish of	ss:	
On this the _	day of	_, 20, before me appeared	
		, known to me (or satisfactorily proven) to be the	
person whos	e name is subscribed to the within instrume	nt and acknowledged that he/she executed the same for	
the purposes	s therein contained. In witness whereof, I her	reunto set my hand and official seal.	
	Notai	ry	
My Commiss	ion expires:	 SEAL	

RW-PC-002b 4/7/2010