

# TAX INFORMATION REQUEST FORM

**PROVIDE A PHOTOGRAPHED COPY OF THE FRONT OF YOUR DRIVER'S LICENSE ALONG WITH THIS FORM**

Guest's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN# (LAST 4 DIGITS) \_\_\_\_\_

Driver's License/ID# \_\_\_\_\_

Players Club Card# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tax Year(s) / Form(s) Requested:

**PLEASE PROVIDE A PHOTOGRAPHED COPY OF THE FRONT OF YOUR DRIVER'S LICENSE ALONG WITH THIS FORM**

## **2025**

- WIN/LOSS (BINGO)
- WIN/LOSS (CASINO)
- 1042-S
- 1099
- W2-G

## **2024**

- WIN/LOSS (BINGO)
- WIN/LOSS (CASINO)
- 1042-S
- 1099
- W2-G

## **2023**

- WIN/LOSS (BINGO)
- WIN/LOSS (CASINO)
- 1042-S
- 1099
- W2-G

## **2022**

- WIN/LOSS (BINGO)
- WIN/LOSS (CASINO)
- 1042-S
- 1099
- W2-G

How do you want your forms delivered? Choose one:

- Mailed
- Pick up at Players Club
- Emailed

I hereby release Chicken Ranch Casino Resort, their respective Officers, Directors, Team Members, and Agents from any and all claims arising from or relating to the information and its release, and further agree to indemnify and hold those entities and persons harmless from any such claim. The Guest agrees to accept any risk of adverse reaction, financial loss, or public notice which may result from any action taken with respect to this request form. By filing a request form, a Guest expressly waives any claim for damages as a result of any action taken with respect to this request. Copies of this request authorization that show my signature are as valid as the original release signed by me.

**Mail:** Chicken Ranch Casino Resort, Attn: Players Club, 9100 People Of The Mountain Road, Jamestown, California, 95327

**Email:** info@crcresort.com

**PRETTY PLEASE PROVIDE A PHOTOGRAPHED COPY OF THE FRONT OF YOUR DRIVER'S LICENSE ALONG WITH THIS FORM**

By signing this form you are authorizing the Chicken Ranch Casino Resort to execute this voluntary request on your behalf. I certify that I have read the above statements relative to the authorization request form and fully understand their meaning.

Guest's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guest's Printed Name: \_\_\_\_\_

Please allow 2 weeks for processing your request. This request can also be done in person. See Players Club for details.