

W-2G / WIN-LOSS REQUEST FORM

FIRST NAME	MIDDLE		LAST
MAILING ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUM	BER (required for W-2G) PLAYERS CLU	JB NUMBER DATE OF I	BIRTH (mm/dd/yyyy)
PHONE NUMBER	E-MAIL ADDRESS	ТАХ	YEAR REQUESTED
	Mail to me	ll pick up	
PLEASE CHECK C	ONE OR BOTH OF THE FOLLO	OWING:	
	ement: A single page letter showi on observable and/or carded gam		activity (win or
	you have won one or more jackpo nese winnings is available.	ots exceeding \$1,200 a r	eport
The Point Casino my own responsib requesting consis reporting. In cons harmless The Poi from any and all c expenses (includi agents, successo	Request Agree atements contained herein are provide me with the information bility to maintain accurate recorn ts of estimates only and may ne sideration of my receipt of this in nt Casino, their respective office claims, suits, causes of action, I ing attorney's fees and costs) we rs, heirs or assigns, or any third ting to, my receipt and/or use of	true and correct, and I n requested above. I u ds of play, and that the ot be appropriate for in nformation, I agree to in cers, directors, employed iabilities, costs, losses, which I, or my administra d party, might have or in	inderstand that it is information I am come tax ndemnify and hold ees and agents damages and ators, executors,
SIGNATURE (RI	EQUIRED)		DATE
Please complete reques	t form and return it in person to the W	ildcard Club or mail/email to	:
The Point Casino and H Attn: Wildcard Club 2089 Salish Lane NE	otel For Internal Use Only: Team Member Initial		

7989 Salish Lane NE Kingston, WA 98346 info@thepointcasinoandhotel.com	I eam Member Initial D.L. # Exp Rec'd:/Comp:By:
Tier:	
Club Rep:	REP Date: Logged:
SS#: Contact:	M3: IGT: To Accounting:Comment: