



GAMING ACTIVITY REPORT & W2-G REQUEST FORM
Please allow up to 3-4 weeks for processing your request.

Please print all information clearly.

First Name Middle Last Name

Street Address City State Zip Code

Last 4 Digits of SSN Date of Birth (mm/dd/yyyy) Phone Number

mychoice account number Tax Year(s) Requested

Do you request a gaming activity report? Yes _____ No _____ Year(s) _____

Do you request a copy of your W2-G(s)? Yes _____ No _____ Year(s) _____

Notary required unless form is presented in person.

State of: _____)
County of: _____) ss

Acknowledged before me on this the _____
day of _____, _____

Notary

(Seal)

Please complete the request form and return it to:

Belterra Casino & Resort
Attn: Finance Department
Mail To: 777 Belterra Drive
Florence, IN 47020
Email To: BCN-WinLoss@pnkmail.com
Fax To: (812) 427-7809

Phone Number: (812) 427-7755

Preferred Delivery Method:

Fax _____

Mail _____

Acknowledgment

I certify that the statements contained herein are true and correct, and hereby request that Belterra Casino Resort provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play that, the Gaming Activity Report is not an accounting record and is not appropriate for income tax reporting.

Signature (Required) **Date**