



GAMING ACTIVITY REPORT & W2-G REQUEST FORM

Please print all information clearly.

First Name Middle Last Name

Street Address City State Zip Code

Last 4 Digits of SSN **B Connected** Account Number Date of Birth (mm/dd/yyyy)

Phone 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) _____

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

**Notary not required if form is requested or presented in person.*

State of: _____)

Acknowledged before me on this the _____

County of: _____) ss

day of _____, _____

_____)

Notary

(Seal)

Please complete the request form and return it to:

Preferred Delivery Method

Belterra Casino & Resort
Attn: Gaming Activity Report
777 Belterra Drive
Florence, IN 47020
Fax Number: (812) 427-7936
Phone Number: (812) 427-7777

Fax _____

Mail _____

Please Allow 2-4 Weeks for Processing Your Request.