

AMERISTAR

CASINO ★ HOTEL

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	mychoice 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 Ameristar Casino Hotel Kansas City 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
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**Notary not required if form is requested or 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:	Preferred Delivery Method
Ameristar Casino Hotel Kansas City Attn: Gaming Activity Report 3200 North Ameristar Dr. Kansas City, MO 64161 Phone Number: (866) 667-3386	Fax _____ Mail _____

Please Allow 2-4 Weeks for Processing Your Request.