

# AMERISTAR

## CASINO ★ RESORT ★ SPA

### 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 Ameristar Casino Resort Spa St. Charles 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 \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_

County of: \_\_\_\_\_)

\_\_\_\_\_  
Notary

(Seal)

Please complete the request form and return it to:  
Ameristar Casino Resort Spa. St. Charles  
Attn: Gaming Activity Report  
One Ameristar Blvd.  
St. Charles, MO 63301  
Phone Number: (636) 949-7777

Preferred Delivery Method

Fax \_\_\_\_\_

Mail \_\_\_\_\_

***Please Allow 2-4 Weeks for Processing Your Request.***