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: _____)
) ss
County of: _____)

Acknowledged before me on this the _____ day 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.