

# 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	Boyd Rewards 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.

---

<b>Signature (Required)</b>	<b>Date</b>
-----------------------------	-------------

*\*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 Resort Spa. St. Charles	
Attn: Gaming Activity Report	Fax _____
One Ameristar Blvd.	
St. Charles, MO 63301	Mail _____
Phone Number: (636) 949-7777	

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