

THE POINT

CASINO & HOTEL
W-2G / WIN-LOSS REQUEST FORM

FIRST NAME	MIDDLE	LAST	
MAILING ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER (required for W-2G)	PLAYERS CLUB NUMBER	DATE OF BIRTH (mm/dd/yyyy)	
PHONE NUMBER	E-MAIL ADDRESS	TAX YEAR REQUESTED	

☐ Mail to me ☐ I will pick up

PLEASE CHECK ONE OR BOTH OF THE FOLLOWING:

- ☐ Win-Loss Statement: A single page letter showing estimated annual play activity (win or loss) based upon observable and/or carded gaming activity.
- ☐ W-2G Data: If you have won one or more jackpots exceeding \$1,200 a report summarizing these winnings is available.

Request Agreement

I certify that the statements contained herein are true and correct, and I hereby request The Point Casino provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play, and that the information I am requesting consists of estimates only and may not be appropriate for income tax reporting. In consideration of my receipt of this information, I agree to indemnify and hold harmless The Point Casino, their respective officers, directors, employees and agents from any and all claims, suits, causes of action, liabilities, costs, losses, damages and expenses (including attorney's fees and costs) which I, or my administrators, executors, agents, successors, heirs or assigns, or any third party, might have or incur as a result of, or in any way relating to, my receipt and/or use of the information.

SIGNATURE (REQUIRED)

TODAY'S DATE

Please completely fill out the request form and return it in person to the Wildcard Club or mail or email it to:

The Point Casino and Hotel
Attn: Wildcard Club
7989 Salish Lane NE
Kingston, WA 98346
info@tpch.com

Tier: _____

Club Rep: _____

SS#: ____ Contact: ____

For Internal Use Only:

Team Member Initial _____

D.L. # _____ Exp _____

Rec'd: _____ /Comp: _____ By: _____

F M P
☐ ☐ ☐

____ REP Date: _____ Logged: _____

M3: _____ IGT: _____ To Accounting: _____ Comment: _____