



REQUEST FOR W2-G STATEMENT FOR CERTAIN GAMBLING WINNINGS

I hereby give Saratoga Casino Hotel permission to generate and mail my W2-G Statement for Certain Gambling Winnings. I understand that if I do not specify a time period (i.e. tax year) on this request, Saratoga Casino Hotel will generate the W-2G's for previous the calendar year.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____

PERIOD REQUESTED: FROM _____ TO _____

SIGNATURE: _____

DATE: _____

To receive your W2-G statement, please present this form on property at the Cashier Cage or mail to the address below.

PLEASE NOTE: A copy of your valid photo ID is required to process requests. To protect the privacy of our players, we will not process requests without a valid photo ID.

To mail your request please send to:

Saratoga Casino Hotel
Attention: Auditing Department
P.O. Box 356
342 Jefferson Street
Saratoga Springs, NY 12866

EMPLOYEE USE ONLY:

DM: _____

PB: _____