



## Win/Loss Request Form

Please print all information clearly.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number (required for W2-G) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Club Account No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_ Tax Year Requested \_\_\_\_\_

Note: Requests must be for individual tracked play only.

### Request Agreement

I certify that the statements contained herein are true and correct, and hereby request that Boomtown Casino and Hotel-Reno 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 Boomtown Casino and Hotel-Reno, its subsidiaries and affiliates, and 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.

**X** \_\_\_\_\_  
Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Please complete the request form and return it to:

**Boomtown Casino and Hotel-Reno**

**Attn. Win-Loss Requests**

**P.O. Box 399**

**Verdi, Nevada 89439**

**Fax Number: 775.345.8693 Phone Number: 1.800.648.3790**

**All information must match Bonus Club account information or request cannot be processed.**

**Your 2007 tax year request will be process beginning February 2008.**

**Please allow 2-4 weeks for all other requests.**