

AMERISTAR

CASINO ★ HOTEL

WIN/LOSS & W2-G REQUEST FORM

Please print all information clearly.

Please allow up to 3 weeks for processing your request.

First Name _____ Middle Name _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Mychoice® Account Number _____ Date of birth (mm/dd/yyyy) _____ Phone Number _____

Do you request a gaming activity report? Yes ___ No ___ Year(s) _____

Do you request W2-G(s)? Yes ___ No ___ Year(s) _____ Last 4 digits of SSN _____

Preferred Delivery Method Fax Mail Email Pick-Up

****Please Note:** W2Gs are unable to be Emailed or Faxed due to them containing Social Security Numbers

Email Address: _____ Fax Number: _____

Return completed form to:

Ameristar Casino East Chicago
Attn: Gaming Activity Report
777 Ameristar Drive
East Chicago, IN 46312

Email: AEC_winloss@pnkmail.com Fax: 219-378-3494

For questions email AEC_winloss@pnkmail.com or call (219) 378-3239

Acknowledgement

I certify that the statements contained herein are true and correct, and hereby request that Ameristar East Chicago 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 REQUIRED unless form is presented in person (i.e. the form is mailed, emailed, or faxed).**

State of: _____) Acknowledged before me on this the _____

_____) ss day of _____, _____

County of: _____)

Notary

(Seal)