

Please return form to:  
 Quapaw Casino  
 Attention Revenue Audit  
 58100 E 64<sup>th</sup> Road  
 Miami, OK 74354



## Win/Loss or Tax Information Request Form

Name _____	/	Players Club Card # _____
Last Name		First Name
Social Security Number _____	Date of Birth _____	_____
	Month	Day / Year
Mailing Address _____	/	
Street Address or P.O. Box	Apartment Number	
City _____	State _____	Zip _____
Telephone _____	E-mail if applicable _____	

Please provide me with a statement of my activity for the tax year: \_\_\_\_\_

The following document(s): (Please Check):  Win/Loss Statement  W2G  1099 Gaming

I hereby certify that the information and statements contained herein are true and correct. I hereby authorize Quapaw Casino Authority DBA Quapaw Casino to provide me with the above checked statement(s). By signing below, I agree to release Quapaw Casino Authority DBA Quapaw Casino, its officers, directors, employees, and agents from and against any loss, cost, expense (including attorney's fees and costs), damages, liability or claims of any kind. I agree to indemnify Quapaw Casino Authority DBA Quapaw Casino from and against any and all suits, causes of action, liabilities, costs, losses, damages, and attorney's fees and costs which I or my spouse, administrators, executors, agents, assignees or any third party may have arising out of or relating to this request.

In witness thereof, I have executed this request at \_\_\_\_\_, \_\_\_\_\_  
City State

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Guest's Authorized Signature

**If this form is not presented in person, the signature must be Notarized.**

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public

DO NOT WRITE BELOW THIS LINE. FOR QUAPAW CASINO USE ONLY.

Identification Type	Print Verifier's Name	Verifier's Signature & Badge Number
Social Security		
Photo Identification		
Other Identification		
Notarized		