



Date Received _____
Current I.D. Verified _____
Address Verified to I.D. _____
Please initial with employee number

**WIN/LOSS STATEMENT REQUEST**

In order for Little River Casino Resort (LRCR) to release this information, each customer is required to submit a signed "Win/Loss Statement Request Form." Only official request forms will be accepted for processing.

Please Note: The tax statement request is only available for Players Club Members and those individuals who had W2G or 1099 gambling winnings. LRCR does not track play that is not associated with a customer's Players Club card account. For more information regarding the claiming and filing of gambling winnings, customers are encouraged to contact the IRS or their tax advisor.

Name Printed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: xxx-xx-\_\_\_\_\_ or Players Club Card #: \_\_\_\_\_

Mailing Street Address (No PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide me with a statement of my gaming activity for the following year(s): \_\_\_\_\_

Please circle document(s) you are requesting: Win/Loss Statement

By signing below, the customer hereby releases LRCR, its officers, directors, employees and agents from and against any loss, cost, expense (including attorney fees and costs), damages liability or claims of any kind. Additionally, customer hereby agrees to indemnify LRCR for, from and against any loss, cost, expense (including attorney fees and costs) damages liability or claims of any kind related to releasing this information. The customer acknowledges that the information being provided is based on player tracking information which includes only the play when the customers players card was connected to the system, and may not accurately reflect the amount of the customers play since the customer can play when the card is not connected to the system, and is derived from a system that does not verify the identity of the person using the player card and may include estimated amounts to correct human error in inputting information.

**If mailing, please include a copy of your Current (Not expired) drivers license with your submission of this request.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Mail to:</b>	Little River Casino Resort	<b>or</b>	Drop off at Players Club
	Attn: Tax & Title 31 Officer		Email: Club@lrcr.com
	P.O. Box 417		
	Manistee, MI 49660		
	Phone: 231-398-3966 or 231-398-4044		
	Fax: 231-723-4244		



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**W2 / 1099 STATEMENT REQUEST**

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**Mail to:** Little River Casino Resort                      **or**                      **Email to:** Taxforms@lrcr.com  
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