



8 STRADA DI VILLAGGIO
HENDERSON, NV 89011
PHONE: 702-939-8888
FAX: 702-939-8908

REQUEST FOR TAX INFORMATION

DATE: _____

CUSTOMER NAME: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY #: ____-____-____

MAILING ADDRESS: _____

Note: If the above is a **NEW** address and you want your records changed, please provide your **OLD** address below.

OLD MAILING ADDRESS: _____

Provide FAX number here only if you want letter faxed back: _____

TAX YEAR REQUESTED: _____ ACCOUNT NUMBER _____

Circle Item(s) Requesting: SLOT WIN/LOSS INFORMATION _____
TABLE GAME WIN/LOSS INFORMATION _____

I AM REQUESTING THAT CASINO MONTELAGO MAIL OR FAX ME A LETTER SHOWING MY ESTIMATED ACTIVITY FOR THE TAX YEAR(S) INDICATED ABOVE.

PLEASE BE ADVISED THAT ANY REQUESTS FOR INFORMATION FOR THE CURRENT TAX YEAR WILL BE MAILED TO THE ABOVE ADDRESS BETWEEN JANUARY AND APRIL OF THE FOLLOWING YEAR (before IRS filing date of April 15) UNLESS STATED OTHERWISE HERE:

By signing below, I understand that the information I will receive from Casino MonteLago will be an "estimated figure" of my activity.

SIGNATURE OF CUSTOMER

NOTE: WE CANNOT PROCESS ANY REQUEST WITHOUT A SIGNATURE