

GAMING ACTIVITY REPORT & W2-G REQUEST FORM

Please print all information clearly.

First Name	Middle		Last Name		
Mailing Address	City	Star	te	Zip Code	
Last 4 Digits of SSN	PENN Play Card	Number	Date of	Birth (mm/dd/yyyy)	
Phone Number	Tax	Tax Year(s) Requested			
Do you request a gaming ac Do you request a copy of you		Yes NoY Yes NoY	′ear(s) ′ear(s)		
	Acknow	vledgment			
I certify that the statements contained the information requested above. I und Gaming Activity Report is not an acco	derstand that it is my own	responsibility to maint	ain accurate records	-	
Signature (Required)			Date		
*Notary not required if form is	presented in person				
State of:)) ss			ged before me		
County of:)	Notary			
		inolary	(Seal)		
Please complete the reques	t form and return it	to: Pre	<mark>ferred Delivery</mark>	Method	
Hollywood Casino at the Me	adows				
Attn: Gaming Activity Report 210 Racetrack Road Washington, PA 15301 Phone Number: 724.503.1227			Mail Pickup		