



GAMING ACTIVITY REPORT & W2-G REQUEST FORM

Please print all information clearly.

First Name _____ **Middle** _____ **Last Name** _____

Mailing Address _____ **City** _____ **State** _____ **Zip Code** _____

Last 4 Digits of SSN _____ **mychoice Account Number** _____ **Date of Birth (mm/dd/yyyy)** _____

Phone Number _____ **Tax Year(s) Requested** _____

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

Do you request a copy of your W2-G(s)? Yes ___ No ___ Year(s) _____

Acknowledgment

I certify that the statements contained herein are true and correct, and hereby request that The Meadows Casino 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 not required if form is presented in person.**

State of: _____)

) ss

County of: _____)

Acknowledged before me on this the _____ day of _____, _____

Notary

(Seal)

Please complete the request form and return it to: **Preferred Delivery Method**

The Meadows
Attn: Gaming Activity Report
210 Racetrack Road
Washington, PA 15301
Fax Number: 724.503.1719
Phone Number: 724.503.1200
Email:MPB-WinLoss@pngaming.com

Fax _____

Mail _____

Email _____

Please Allow 1-3 Weeks for Processing Your Request.

Gambling Problem? Call 1-800-GAMBLER