



TAX INFORMATION REQUEST FORM

To help us serve you better, please fill in all information. Any form not properly filled out or legible with the necessary information may be considered incomplete and may not be processed due to the sensitive nature of this content. Therefore, an incomplete form may cause errors and delays when processing your request.

Guest's Name: _____
Date of Birth: _____ **SSN# (Last 4 Digits)** _____
Driver's License/ID# _____ **Club Card#** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone# _____ **Email:** _____

Tax Year(s) / Form(s) Requested:

<input type="checkbox"/> WIN/LOSS	<input type="checkbox"/> WIN/LOSS	<input type="checkbox"/> WIN/LOSS	<input type="checkbox"/> WIN/LOSS	<input type="checkbox"/> WIN/LOSS
<input type="checkbox"/> 1042-S	<input type="checkbox"/> 1042-S	<input type="checkbox"/> 1042-S	<input type="checkbox"/> 1042-S	<input type="checkbox"/> 1042-S
2021 <input type="checkbox"/> 1099	2020 <input type="checkbox"/> 1099	2019 <input type="checkbox"/> 1099	2018 <input type="checkbox"/> 1099	2017 <input type="checkbox"/> 1099
<input type="checkbox"/> W2-G	<input type="checkbox"/> W2-G	<input type="checkbox"/> W2-G	<input type="checkbox"/> W2-G	<input type="checkbox"/> W2-G

Please mark one:

Mailed: _____ **Pick up at Players Club:** _____ **Email:** _____

I hereby release Chicken Ranch Casino their respective Officers, Directors, Team Members, and Agents from any and all claims arising from or relating to the information and its release, and further agree to indemnity and hold those entities and persons harmless from any such claim. The Guest agrees to accept any risk of adverse reaction, financial loss, or public notice which may result from any action taken with respect to this request form. By filing a request form, a Guest expressly waives any claim for damages as a result of any action taken with respect to this request. Copies of this request authorization that show my signature are as valid as the original release signed by me.

Mail:
Chicken Ranch Casino, Attn: Players Club, 16929 Chicken Ranch Road, Jamestown, California, 95327

Email:
info@chickenranchcasino.com

Please provide a photographed copy of your Driver's License front and back, along with this form.

By signing this form you are authorizing the Chicken Ranch Casino to execute this voluntary request on your behalf. I certify that I have read the above statements relative to the Authorization Request form and fully understand their meaning.

Guest Signature: _____ **Date:** _____

Guest's Printed Name: _____

Please allow 2 weeks for processing your request. This request can also be done in person. See Players Club for details.

