

TAX INFORMATION REQUEST FORM

PROVIDE A PHOTOGRAPHED COPY OF THE FRONT OF YOUR DRIVER'S LICENSE ALONG WITH THIS FORM

Guest's Name:		SSN# (Last 4 Digits)	
Driver's License/ID#			
Mailing Address:			
City:			de:
Phone# Email:			
Tax Year(s) / Form(s) Request			
PLEASE PROVIDE A PHOTO	GRAPHED COPY OF THE FRO	NT OF YOUR DRIVER'S LICENS	SE ALONG WITH THIS FORM
2023	2022	2021	2020
☐ WIN/LOSS (BINGO)	☐ WIN/LOSS (BINGO)	☐ WIN/LOSS (BINGO)	☐ WIN/LOSS (BINGO)
☐ WIN/LOSS (CASINO)	☐ WIN/LOSS (CASINO)	☐ WIN/LOSS (CASINO)	☐ WIN/LOSS (CASINO)
☐ 1042-S	☐ 1042-S	☐ 1042-S	☐ 1042-S
□ 1099	□ 1099	□ 1099	□ 1099
☐ W2-G	☐ W2-G	☐ W2-G	☐ W2-G
☐ Pick up at Players Club ☐ Emailed I hereby release Chicken Ranch Casin relating to the information and its release Guest agrees to accept any risk of acceptance form. By filing a request form.	ease, and further agree to indemnit dverse reaction, financial loss, or pu n, a Guest expressly waives any clair	y and hold those entities and person ublic notice which may result from n for damages as a result of any acti	ns harmless from any such claim. The any action taken with respect to this ion taken with respect to this request
Copies of this request authorization the	, ,		2.
Mail: Chicken Ranch Casino, Attn: Pla Email: info@chickenranchcasino.com		ad, Jamestown, California, 95327	
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PRETTY PLEASE PROVIDE A PH	OTOGRAPHED COPY OF THE	FRONT OF YOUR DRIVER'S LIC	CENSE ALONG WITH THIS FORM
By signing this form you are authoriz above statements relative to the Auth	ing the Chicken Ranch Casino to e norization Request form and fully u	xecute this voluntary request on younderstand their meaning.	ur behalf. I certify that I have read the
Guest's 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.

