

TAX INFORMATION REQUEST FORM

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

Guest's Name:			
Date of Birth:			
Driver's License/ID#		_ Club Card#	
Mailing Address:			
City: State:		Zip Code:	
Phone#			
Tax Year(s) / Form(s) Request	ed:		
PLEASE PROVIDE A PHOTO	GRAPHED COPY OF THE FRO	ONT OF YOUR DRIVER'S LICENS	E 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 accepted request form. By filing a request form Copies of this request authorization to the complex of the copies	ease, and further agree to indemnit dverse reaction, financial loss, or pu n, a Guest expressly waives any clair	ty and hold those entities and persor ublic notice which may result from m for damages as a result of any acti	ns harmless from any such claim. The any action taken with respect to this on taken with respect to this request.
Mail: Chicken Ranch Casino, Attn: Pla	yers Club, 16929 Chicken Ranch Ro	oad, Jamestown, California, 95327	
Email: info@chickenranchcasino.com	1		
PRETTY PLEASE PROVIDE A PH	OTOGRAPHED COPY OF THE	FRONT OF YOUR DRIVER'S LIC	ENSE ALONG WITH THIS FORM
By signing this form you are authoriz above statements relative to the Auth			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.

CHICKEN RANCH

CASINO ——