



**CHICKEN
RANCH**
CASINO RESORT™

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: _____ SSN# (LAST 4 DIGITS) _____
 Driver's License/ID# _____ Club Card# _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____
 Tax Year(s) / Form(s) Requested: _____

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

2023	2022	2021	2020
<input type="checkbox"/> WIN/LOSS (BINGO)	<input type="checkbox"/> WIN/LOSS (BINGO)	<input type="checkbox"/> WIN/LOSS (BINGO)	<input type="checkbox"/> WIN/LOSS (BINGO)
<input type="checkbox"/> WIN/LOSS (CASINO)	<input type="checkbox"/> WIN/LOSS (CASINO)	<input type="checkbox"/> WIN/LOSS (CASINO)	<input type="checkbox"/> WIN/LOSS (CASINO)
<input type="checkbox"/> 1042-S	<input type="checkbox"/> 1042-S	<input type="checkbox"/> 1042-S	<input type="checkbox"/> 1042-S
<input type="checkbox"/> 1099	<input type="checkbox"/> 1099	<input type="checkbox"/> 1099	<input type="checkbox"/> 1099
<input type="checkbox"/> W2-G	<input type="checkbox"/> W2-G	<input type="checkbox"/> W2-G	<input type="checkbox"/> W2-G

How do you want your forms delivered? Choose one:

- Mailed
 Pick up at Players Club
 Emailed

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 Resort, Attn: Players Club, 9100 People Of The Mountain Road , Jamestown, California, 95327

Email: info@chickenranchcasinoresort.com

PRETTY PLEASE PROVIDE A PHOTOGRAPHED COPY OF THE FRONT OF YOUR DRIVER'S LICENSE 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'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 RESORT™

HWY 108 | JAMESTOWN, CA | 209.984.3000 | PLAYCHICKENRANCH.COM

Rev 7.2024