

## TAX FORM REQUEST

Name:	Telephone:	
Date of Birth:	Casino:	
Email:	Account Number:	
Address:		
Mailing address:		
City/State/Zip:		
Is this a change of address? YES NO (please circle)		Select Form(s):
		□ w-2G
Please provide me with tax forms of my gaming activity for the year: <b>2024</b> (We do not provide current year statements.)		□ 1042
		□ 1099
I do hereby certify that the statements contained herein subsidiaries, affiliates and agents, to provide to me tax f account. I agree to indemnify and hold harmless SCE Par employees, managers, representatives, officers, director companies, from any and all suits, causes of action, liabi I, or my administrators, executors, agents, assignees or a as a result of this request.	form of my gaming activity derived from the rtners, LLC, and its respective past and press rs, successors and affiliated persons, organ lities, costs, losses, damages, attorney's fea any third party may have arisen out of or re	e above referenced ent agents, izations and es and expenses which
ACCOUNT HOLDER'S S	IGNATURE IS REQUIRED BELOW	
	-	State
In witness whereof, I have executed this request at	City	State
	City	
In witness whereof, I have executed this request at	City	State 
In witness whereof, I have executed this request at	CityA A Account Holder's signature must be notari er MUST present valid government issued	ccount Holder's Signature zed. Only Account
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Verifier's Signature and Date:

Please present this request to the Backstage Pass Rewards Club Desk at Hard Rock Hotel & Casino Sioux City. If this request is not presented in person, request must be notarized. Please mail the original request to:

Hard Rock Hotel & Casino Sioux City Win/Loss Statement Request 111 3rd Street Sioux City, IA 51101