

SIOUX CITY

TAX FORM REQUEST

| Name: | | Telephone: | Telephone: | | | |
|--|--|--|--|--|----------------|--|
| | | Casino: | Casino: Account Number: | | | |
| | | | | | | |
| Address: | | | | | | |
| | | | | | | |
| City/State/Zip: | | | | | | |
| Is this a change of address? YES NO (please circle) | | | | Selec | t Form(s): | |
| | | | | | □ w-2G | |
| Please provide me with tax forms of my gaming activity for the year: 2024 | | | | | □ 1042 | |
| (We do not provide current year statements.) | | | | | □ 1099 | |
| | | | | | | |
| account. I agree to inden employees, managers, re companies, from any and | | Partners, LLC, and its resectors, successors and affiliabilities, costs, losses, das or any third party may ha | pective past and p liated persons, org amages, attorney's ave arisen out of o | resent agents, ganizations and fees and expens | ses which | |
| | ACCOUNT HOLDEN | 'S SIGNATURE IS REQUIR | LD DLLOW | | | |
| In witness whereof. I hav | | - | | State | | |
| | ve executed this request at | | | State | | |
| | | | | | | |
| | ve executed this request at, 20 _ | | City | Account Hold | | |
| on the day of If Account Holder does re Holder may receive or re to SCE Partners, LLC, in i | ve executed this request at | on, Account Holder's sign lolder MUST present validion. | Cityature must be not d government issu | Account Hold tarized. Only Account ID account | er's Signature | |
| on the day of If Account Holder does re Holder may receive or re to SCE Partners, LLC, in i | not present request in persequest tax forms. Account H | on, Account Holder's sign lolder MUST present validion. | Cityature must be not d government issu | Account Hold tarized. Only Account ID account | er's Signature | |
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| on the day of If Account Holder does r Holder may receive or re to SCE Partners, LLC, in it SUBSCRIBED AND SWOR | not present request in persequest tax forms. Account H | on, Account Holder's sign Iolder MUST present valid ion day of | ature must be not d government issu | Account Hold tarized. Only Account ID account | er's Signature | |
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| on the day of If Account Holder does re Holder may receive or re to SCE Partners, LLC, in it SUBSCRIBED AND SWORD NOTARY PUBLIC DO NOT | not present request in personate tax forms. Account H ts sole and absolute discret N TO before me the | on, Account Holder's sign Iolder MUST present validion. day of COUNTY HARD ROCK HOTEL & CAS | ature must be not d government issu | Account Hold tarized. Only Account ID account STATE SE ONLY | er's Signature | |
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| Verifier's Signature and Date: | |
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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