



SIOUX CITY

## 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

1042

1099

Please provide me with tax forms of my gaming activity for the year: **2025**

(We do not provide current year statements.)

I do hereby certify that the statements contained herein are true and correct and I hereby authorize SCE Partners, LLC, its subsidiaries, affiliates and agents, to provide to me tax form of my gaming activity derived from the above referenced account. I agree to indemnify and hold harmless SCE Partners, LLC, and its respective past and present agents, employees, managers, representatives, officers, directors, successors and affiliated persons, organizations and companies, from any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and expenses which I, or my administrators, executors, agents, assignees or any third party may have arisen out of or relating to this request as a result of this request.

### ACCOUNT HOLDER'S SIGNATURE IS REQUIRED BELOW

In witness whereof, I have executed this request at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. \_\_\_\_\_

Account Holder's Signature

If Account Holder does not present request in person, Account Holder's signature must be notarized. Only Account Holder may receive or request tax forms. Account Holder MUST present valid government issued photo ID acceptable to SCE Partners, LLC, in its sole and absolute discretion.

SUBSCRIBED AND SWORN TO before me the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. \_\_\_\_\_

NOTARY PUBLIC

COUNTY

STATE

DO NOT WRITE IN THIS BOX - FOR HARD ROCK HOTEL & CASINO SIOUX CITY USE ONLY

VALID GOVERNMENT ISSUED IDENTIFICATION TYPE	INSERT VALID GOVERNMENT ISSUED IDENTIFICATION TYPE VERIFIED
Notarized	
Valid Photo ID Verified	

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**