



WIN/LOSS/W-2G REQUEST FORM

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ ST: _____ Zip Code: _____

Player's Card Number: _____ DOB: _____

Win/Loss: Yes ___ No ___

W-2G: Yes ___ No ___ SSN (If Requesting W-2G): _____

Tax Year Requested: _____

Method of Delivery: _____ Mail my form(s) to my address on file.

_____ Pick up my form(s) at the Cage (please allow 72 hours for processing and bring your photo ID.)

Your win/loss statement will include estimated slot win/loss information from Prairie Flower Casino. The tracking system used in providing this information is based on the use of your Club card (this report does not include any uncarded play). Therefore, this statement will not reflect an accurate accounting record – it merely provides an estimate you can use to compare to your records. The IRS recommends that you keep your own records of your gaming activity.

I do hereby certify that the information contained above is true and correct, and I authorize Prairie Flower Casino to provide me a win/loss statement of my Club account tracked gaming activity. In consideration of this, I agree to release and hold harmless Prairie Flower Casino, and all of its directors, employees, officers, managers, affiliated persons, and representatives from any and all claims, causes of action, liabilities, costs, or damages arising from or relating to the information and its release as a result of this request. I further understand that the information requested is generated from a player's tracking system based on my Player's Club account history and is not intended to be, or take place of, my own records of my gaming activity. Prairie Flower Casino makes no representation or warranty, expressed or implied, as to the accuracy of this information or its effectiveness as proof of winnings and losses.

Signature: _____ Date: _____