WIN-LOSS REQUEST FORM

DOCUMENT ESTIMATING PLAY ACTIVITY BASED ON CARDED GAMING ACTIVITY

TO BE COMPLETED BY APPLICANT *PLEASE PRINT ALL INFORMATION CLEARLY*

** Required Fields*

Tax Year Requested _____

_____ _____ _____

* First Name | * Middle Name | * Last Name

_____ _____ _____ _____

* Street Address | * City | * State | * Zip Code

_____ _____

* Date of Birth (mm/dd/yyyy) | * Player's Card Number

_____ _____ _____

Social Security Number | *Phone Number* | *Email Address*

Preferred Delivery Method *(allow up to 4 weeks for processing)*

☐ Pick up in person from Cashier's Cage

☐ Mail a copy to the address listed on this form

Release and Indemnification

Win/loss information has been gathered using our Player Tracking System. It is intended to be used as an estimate of your win/loss and is provided as a courtesy and is not an official tax document. The information is based on player-tracking information which included only win/loss from slot play when a player's club card is inserted in a slot machine and points added from table game play. It may not accurately reflect the amount of a player's win/loss if the player does not play with a player's card inserted into a slot machine. Although this information can be considered a reliable estimate of the win/loss from rated play, Belle of Baton Rouge is in no way responsible for the use or interpretation of said document.

_____ _____

SIGNATURE ***(REQUIRED)*** | **DATE**

Your request cannot be processed without your signature.

Mail completed form to:

Belle of Baton Rouge
Attn: Win/Loss Statement Services
103 France Street, Baton Rouge, La, 70802