



REQUEST FOR COPIES OF W2G's

Name:	Player Account Number:
Social Security Number:	Date of Birth:
Mailing Address:	
City/State/Zip:	
Telephone:	Email Address:
Year Requesting:	Please Circle one: <div style="display: flex; justify-content: space-around; width: 100%;"> Mail Email Pickup at Cage </div>

** Information that is incorrect and needs to be updated, such as Social Security Number, will require you to complete an IRS W-9 Form.

I do hereby certify the above information to be true and correct and I hereby authorize Oaklawn Racing Casino Resort to provide me with copies of each W2G I won during the requested year.

Account Holder's Signature

Date

Methods to request a statement:

Complete form at Player Services in front of representative

MAIL (request must be notarized)
 Oaklawn Racing Casino Resort
 Attn: Revenue Audit Department
 2705 Central Ave
 Hot Springs National Park, AR 71901

TO BE COMPLETED BY NOTARY PUBLIC

On this date _____ appeared before me, _____, notary public in and for the county of _____, State of _____.

Do Not Write Below the line. Oaklawn Racing Casino Resort Use Only

Received By:		Date:	
Completed By:		Date:	