

# W-2G, FORM 1099, OR WIN/LOSS STATEMENT REQUEST FORM

In order for the Kiowa Casino to release any information, each guest is required to submit a signed request form for the release of the information. Only official request forms will be accepted for processing.

This request form should only be used by guests who are Rewards Club members, have utilized their card for play, or have received a W-2G or Form 1099. The Kiowa Casino does not track play that is not associated with a guest's Rewards Club account. For more information regarding claiming and filing of gambling winnings, guests are encouraged to contact the IRS or their tax advisor.

## PLEASE COMPLETE ALL APPLICABLE BLANKS. BOLDED SECTIONS ARE REQUIRED:

RED RIVER  VERDEN  CARNEGIE  HOBART

**NAME:** \_\_\_\_\_ **REWARDS CLUB #:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PLEASE SEND REQUESTED DOCUMENTS BY (CHOOSE ONE):**  MAIL  FAX  EMAIL

**DOCUMENT(S) REQUESTED:**  W-2G  FORM 1099  WIN/LOSS STATEMENT

**GAMING ACTIVITY FOR YEAR(S):** \_\_\_\_\_

By signing below, I, the guest, hereby release the Kiowa Casino, its officers, directors, team members and agents from and against any loss, cost, expense, including attorney's fees and costs, damages, liability or claims of any kind. Additionally, I, the guest, hereby agree to indemnify the Kiowa Casino for, from, and against any loss, cost, expense, including attorney's fees and costs, damages, liability or claims of any kind related to the release of this information. I, the guest, acknowledge that the information being provided is based on player tracking information which includes only the play when my Rewards Club card was connected to the system and may not accurately reflect the amount of my actual play since I, the guest, can play when the card is not connected to the system and is derived from a system that does not verify the identity of the person using the Rewards Club card and may include estimated amounts to correct error in inputting information.

**\*\*\*A copy of your driver's license is required to be attached to this form for verification purposes.**

**GUEST'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Submit to: Kiowa Casino Properties  
Attn: Compliance Department  
198131 Hwy 36  
Devol, Oklahoma 73531  
Fax: (580) 299 - 3273  
Email: [jjates@kiowacasino.com](mailto:jjates@kiowacasino.com)

Any questions: Call (580) 299-3514

