KICKAPOO LUCKY EAGLE CASINO™

WIN-LOSS & W2-G REQUEST FORM

Please print all information clearly.

First Name | Middle | Last Name

Street Address | City | State | Zip Code

Last 4 Digits of SSN | Pass Card Account Number | Date of Birth (mm/dd/yyyy)

Phone Number | Tax Year(s) Requested

Do you also require your W2-G detailed report? Yes ☐ No ☐

Request Agreement

I certify that the statements contained herein are true and correct, and hereby request that Kickapoo Lucky Eagle Casino provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play, and that the information I am requesting consists of estimates only and may not be appropriate for income tax reporting. In consideration of my receipt of this information, I agree to indemnify and hold harmless Kickapoo Lucky Eagle Casino, its subsidiaries and affiliates, and their respective officers, directors, employees and agents from any and all claims, suits, causes of action, liabilities, costs, losses, damages, and expenses (including attorney's fees and costs) which I, or my administrators, executors, agents, successors, heirs or assigns, or any third party, might have or incur as a result of, or in any way relating to, my receipt and/or use of the information.

Signature (Required) **Date**

Please complete the request form and return it to:

Attn: Win/Loss Requests
Accounting Department
Lucky Eagle Casino
794 Lucky Eagle Drive
Eagle Pass, TX 78852
Fax Number: (830) 752-4994
Phone Number: (830) 752-4777
Email: winloss@klecasino.com

Preferred Delivery Method

☐ Fax _____

☐ Mail _____

☐ Email _____

Please Allow 1-3 Weeks for Processing Your Request.