

AMERISTAR

CASINO ★ RESORT ★ SPA

GAMING ACTIVITY REPORT & 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 mychoice Account Number Date of Birth (mm/dd/yyyy)

Phone Number Tax Year(s) Requested

Do you request a gaming activity report? Yes ___ No ___ Year(s) _____

Do you request a copy of your W2-G(s)? Yes ___ No ___ Year(s) _____

Acknowledgment

I certify that the statements contained herein are true and correct, and hereby request that Ameristar Casino Resort Spa Black Hawk provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play that, the Gaming Activity Report is not an accounting record and is not appropriate for income tax reporting.

Signature (Required) **Date**

**Notary not required if form is requested or presented in person.*

State of: _____)

Acknowledged before me on this the _____

) ss

day of _____, _____

County of: _____)

Notary

(Seal)

Please complete the request form and return it to:

Preferred Delivery Method

Ameristar Casino Resort Spa. Black Hawk

Attn: Gaming Activity Report

111 Richman St. PO Box 45

Black Hawk, CO 80422

Phone Number: (720) 946-4000

Fax _____

Mail _____

Please Allow 2-4 Weeks for Processing Your Request.