Please return form to:
Downstream Casino Resort
Attention Income Audit
69300 East Nee Road
Quapaw, OK 74363

Win/Loss or Tax Information Request Form

Name _____ /_____ Players Club Card # _____
Last Name First Name

Social Security Number _____ Date of Birth _____ / _____ / _____
Month Day Year

Mailing Address _____ / _____
Street Address or P.O. Box Apartment Number

City _____ State _____ Zip _____

Telephone _____ E-mail if applicable _____

Please provide me with a statement of my activity for the tax year: _____

The following document(s): (Please Check): ☐ Win/Loss Statement ☐ W2G ☐ 1099 Gaming

I hereby certify that the information and statements contained herein are true and correct. I hereby authorize Downstream Development Authority DBA Downstream Casino Resort to provide me with the above checked statement(s). By signing below, I agree to release Downstream Development Authority DBA Downstream Casino Resort, its officers, directors, employees, and agents from and against any loss, cost, expense (including attorney's fees and costs), damages, liability or claims of any kind. I agree to indemnify Downstream Development Authority DBA Downstream Casino Resort from and against any and all suits, causes of action, liabilities, costs, losses, damages, and attorney's fees and costs which I or my spouse, administrators, executors, agents, assignees or any third party may have arising out of or relating to this request.

In witness thereof, I have executed this request at _____ , _____
City State

on this _____ day of _____ , 20_____.

_____
Guest's Authorized Signature

If this form is not presented in person, the signature must be Notarized.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

_____
Notary Public

DO NOT WRITE BELOW THIS LINE. FOR DOWNSTREAM CASINO USE ONLY.

Identification Type	Insert Verification	Verifier's Signature
Social Security		
Photo Identification		
Other Identification		
Notarized		