

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 Reward's 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 Reward's 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:

Name: _____ **Reward's 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 Reward's 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 Reward's 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
Attn: Compliance Department
198131 Hwy 36
Devol, Oklahoma 73531
Fax (580)299-3689
Email: jyates@kiowacasino.com

Any questions: Call (580) 299-3514

