



Win/Loss Statement Request

TAX YEAR REQUESTED: _____

***ALL INFORMATION MUST BE COMPLETED TO PROCESS REQUEST**

***Please Print Clearly**

Guest Name:	Mountains of Money Players Club #:
Guest Address:	
City/State/Zip:	
Guest SS#:	Guest Date of Birth:
Email:	

It is my understanding that the information provided will only reflect the play in which my Mountains of Money Players Club Card was properly inserted in to the card reader, or properly recorded by the Bingo, or Blackjack departments. ***I acknowledge that the information provided is a courtesy and should not take place of my records, or be relied on for the purpose of tax reporting. I understand that that the information provided may not be accurate to all my gaming at Mazatzal Hotel and Casino; therefore I acknowledge that I cannot file any claims against the Casino, or its employees.***

****PLEASE ALLOW 7 DAYS FOR PROCESSING**

GUEST SIGNATURE: _____

Date: _____

Casino Use Only	
<u>Carded Play:</u>	
Total Coin In:	\$
Total Coin Out:	\$
 <u>Non Carded and Carded Jackpots:</u>	
Total Jackpots/Hand Pays:	\$

Please check the appropriate box in which you wish to receive the statement.

Hold for Pickup

Mail to the address listed above

Email

A valid ID and Mountains of Money Players Club Card must be present when submitting request.