



## REQUEST FOR W-2G STATEMENT

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

W-2G STATEMENT FOR PERIOD: \_\_\_\_\_ TO: \_\_\_\_\_

I hereby give Saratoga Casino Black Hawk permission to generate and mail my W-2G Statement for certain gambling winnings. I understand that if I do not specify a time period (i.e. tax year) on this request, Saratoga Casino Black Hawk will generate the W-2G for the previous calendar year.

Signature: \_\_\_\_\_

Please mail, fax or email the completed form **along with a photocopy of your Identification** to:  
Saratoga Casino Black Hawk  
PO Box 427, Black Hawk, CO 80422  
info@saratogacasinobh.com  
303.582.6170 fax