



## REQUEST FOR COPIES

*\*Please allow 7 to 10 business days for processing.*

Win/Loss

W-2G

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Patron Account #

---

Year Requesting

---

Last Name

---

First Name

---

Social Security #

---

Address

---

City State Zip Code

---

Phone

---

Fax

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Customer Signature

Date

**Please Check One:**

Hold for pick up

Please fax to number listed

Please mail to above listed address