



WIN/LOSS STATEMENT REQUEST FORM

Upon completion of this form, we will gather the data from the Shoshone-Bannock Casino Hotel player tracking system to calculate an overall Win/Loss estimate for the year(s) requested. Guests must possess a Shoshone-Bannock Casino Hotel Players Club Card. Requests for information can only be granted to those holding a valid Shoshone-Bannock Casino Hotel Players Club Card. **A W-9 Tax Form must also be completed in addition to the Win/Loss Statement Request Form.** Shoshone-Bannock Casino Hotel must have all original, signed requests before releasing information. Fax or emailed copies are not accepted.

Please note that the Shoshone-Bannock Casino Hotel player tracking system has been designed for marketing purposes only. **The information provided in this Win/Loss Statement only reflects the activity of gaming play while properly using the Players Club Card. The Shoshone-Bannock Casino Hotel does not warrant the accuracy or completeness of the information. Consult your tax advisor for advice on reporting gambling winnings and/or losses.**

Please allow 12-14 business days for processing.

By signing below, I hereby certify that the information contained herein is true and accurate and I authorize the Shoshone-Bannock Casino Hotel to provide me with my historical gaming activities for the timeframe provided below.

Please print legibly and fill out the information below completely. Incomplete requests will not be processed.

I would prefer that my statement be:

☐ Mailed

☐ Picked Up

Player Name: _____ Club Card #: _____

Telephone #: (_____) _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please provide me with a statement of my gaming activity for the calendar year ending December 31, ____:

2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 **(Please circle)**

SIGNATURE: _____ **DATE:** _____

Win/Loss Statement requests & W-9 Tax Form can be turned into the Players Club booth or mailed to, Attn: Players Club: Win/Loss. For security reasons, Win/Loss Statements may not be faxed or emailed. NO EXCEPTIONS.

SHOSHONE BANNOCK CASINO HOTEL OFFICAL USE ONLY

Date Received: _____	Received By: _____ (Empl. Initial & #)	Date Mailed/Picked Up: _____
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**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<input type="text"/>	<input type="text"/>
or	
Employer identification number	
<input type="text"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they