GAMING ACTIVITY REPORT & W2-G REQUEST FORM

Please print all information clearly.

First Name _____ Middle _____ Last Name _____

Street Address _____ City _____ State _____ Zip Code _____

Last 4 Digits of SSN _____ myChoice Account Number _____ Date of Birth (mm/dd/yyyy) _____

Phone Number _____ Tax Year(s) Requested _____

Do you request a gaming activity/win-loss report? Yes ____ No ____ Year(s) _____
Do you request a copy of your W-2Gs? Yes ____ No ____ Year(s) _____

Acknowledgment

I certify that the statements contained herein are true and correct, and hereby request that Boomtown New Orleans Casino & Hotel provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play that, the Gaming Activity Report is not an accounting record and is not appropriate for income tax reporting.

Signature (Required) **Date**

Notary not required if form is requested or presented in person.

State of: _____)
)ss
County of: _____)

Acknowledged before me on this the _____ day of _____, _____

_____
Notary

(Seal)

Please complete the request form and return it to:

Boomtown Casino New Orleans
Attn: Executive Administrator: B. Matherne
4132 Peters Road
Harvey, LA 70058
Fax number: (504) 364-8754
Phone Number: (504) 364-8716

Preferred Delivery Method

Mail _____

Pick Up _____

Please Allow 2-4 Weeks for Processing Your Request.