

WIN/LOSS STATEMENT REQUEST FORM

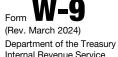
Upon completion of this form, we will gather the data from the Shoshone-Bannock Casino Hotel player tracking system to calculate an overall Win/Loss estimate for the year(s) requested. Guests must possess a Shoshone-Bannock Casino Hotel Players Club Card. Requests for information can only be granted 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.

riease	print le	gibiy a	nu iiii c	out the	IIIIUI III	ation be	FIUW CUI	iipietery	. Incom	ipiete i e	quests	will lic	ot be proces	seu.
I woul	ld prefe	er that	my sta	atemer	ıt be:		□ Ма	iled		Picke	d Up			
Player Name:								Club Card						
									Birth:					
Mailin	ıg Addr	ess:												
City:							State:			Zip	Code:			
Please	e provid	le me v	with a s	tateme	ent of m	ny gami	ing acti	vity for	the cale	endar ye	ear end	ding De	ecember 31	,:
2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	(Please c	rcle)
SIGNATURE: DATE:														
Win/Loss Win/Loss		•											Attn: Players	Club:
			SH	oshoi	NE-BA	NNOC	K CASI	но но	TEL OI	FFICAL	USE (ONLY		
Date	Date Received						Date Mailed/Picked Up: _							
Received:			By:											
						(I	Empl. Ir	nitial &	#)					



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.

		01140 001 1100												
Befor	e yo	u begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.												
	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.)													
Print or type. Specific Instructions on page 3.	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 only one of the following seven boxes. Individual/sole proprietor	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)											
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tar and you are providing this form to a partnership, trust, or estate in which you have an ownership this box if you have any foreign partners, owners, or beneficiaries. See instructions)]	(Applies to accounts maintained outside the United States.)										
	5	Address (number, street, and apt. or suite no.). See instructions.	name	e and address (optional)										
	6 City, state, and ZIP code													
	7	List account number(s) here (optional)												
Par	t I	Taxpayer Identification Number (TIN)												
Enter	vou	TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Soc	ial s	ecurit	curity number							
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.					er ider	r identification number								
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.						-								
Par	iII	Certification		<u> </u>					-1			<u> </u>		
Unde	pei	nalties of perjury, I certify that:												
1. The	nuı	nber shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	er to	be i	ssued	l to n	ne); a	and					
Ser	vice	t subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest er subject to backup withholding; and												
3. I ar	nal	J.S. citizen or other U.S. person (defined below); and												
4. The	FA	CCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na is con	rect.										

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.

General Instructions

Signature of

U.S. person

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

Sign

Here

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

Date