

AMERISTAR

CASINO ★ HOTEL

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 **B Connected** Account Number Date of Birth (mm/dd/yyyy)

Phone Number Tax Year(s) Requested

Do you request a gaming activity report? Yes ___ No ___ Year(s) _____

Do you request a copy of your W2-G(s)? Yes ___ No ___ Year(s) _____

Acknowledgment

I certify that the statements contained herein are true and correct, and hereby request that Ameristar Casino Hotel Kansas City 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: _____)

County of: _____) ss

_____)

Acknowledged before me on this the _____

day of _____, _____

Notary

(Seal)

Please complete the request form and return it to:

Preferred Delivery Method

Ameristar Casino Hotel Kansas City

Attn: Gaming Activity Report

3200 North Ameristar Dr.

Kansas City, MO 64161

Phone Number: (866) 667-3386

Fax _____

Mail _____

Please Allow 2-4 Weeks for Processing Your Request.