

AMERISTAR

CASINO ★ RESORT ★ SPA

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 **Boyd Rewards** 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 Resort Spa St. Charles 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 Resort Spa. St. Charles
Attn: Gaming Activity Report
One Ameristar Blvd.
St. Charles, MO 63301
Phone Number: (636) 949-7777

Fax _____

Mail _____

Please Allow 2-4 Weeks for Processing Your Request.