



**WIN/LOSS STATEMENT REQUEST FORM**

Date: \_\_\_\_\_

**Subject: Tax Assistance  
Win/Loss Statement**

Win/Loss Statement for Tax Year: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Account #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_ VALID STATE ID # \_\_\_\_\_

**\* A copy of a Valid ID must accompany your win/loss statement form \***

Upon completion of win/loss statement form and copy of Valid ID, please mail or fax to:

Mail to: The Eastside Cannery Casino Hotel  
ATTN: Players' Club  
5255 Boulder Highway  
Las Vegas, NV 89122  
Fax to: (702)856-5545