

REQUEST A WIN/LOSS STATEMENT

To request a win/loss statement, please submit all required fields along with your approval and signature. Email your completed form to winloss@saracenresort.com or mail to Saracen Casino Resort, Attn: Accounting, 1 Saracen Resort Drive, Pine Bluff, AR 71601

Name:				
First		Last		Middle
Players Club Card #:			Date of Birth:	
Mailing Address:		Si	te/Apt:	
City/Province:		State/Country:		Zip:
Telephone:	E-Mail:			

PLEASE READ AND SIGN BELOW

I hereby certify that the information and statements contained herein are true and correct. I hereby authorize Saracen Development Authority DBA Saracen Casino Resort to provide me with the above checked statement(s). By signing below, I agree to release Saracen Development Authority DBA Saracen Casino Resort, its officers, directors, employees, and agents from and against any loss, cost, expense (including attorney's fees and costs), damages liability or claims of any kind. I agree to indemnify Saracen Development Authority DBA Saracen Casino Resort from and against any and all suits, causes of action, liabilities, costs, losses, damages, and attorney's fees and costs which I or my spouse, administrators, executors, agents, assignees or any third party may have arising out of or relating to this request.

I have executed this request at:			,	
		City		State
on this	_day of		_,20	

Guest's Authorized Signature



REQUEST TAX INFORMATION (W2G OR 1099 GAMING)

To request tax information regarding your winning proceeds, please submit all required fields. This information can only be request in person or via mail. **If requesting via mail, this form must be notarized.**

Name:			Date of Birth:		
F	First	Last			
Players Club Card #:		Social Security #:			
Mailing Address:		Ste/Apt:			
City/Province:		State/Country:	Zip:		
Telephone:	E-M	lail:			
CHECK THE DOCU	IMENTS AND YI	EAR YOU WOULD LIKE	TO REQUEST:		
W2G (Jackpot Winning 1099 Gaming (Promot		23 ot Seat Drawings, etc.)			
Saracen Development Author cost, expense (including attor Authority DBA Saracen Casin attorney's fees and costs whi of or relating to this request.	ity DBA Saracen Casino ney's fees and costs), da o Resort from and again ch I or my spouse, admin	amages liability or claims of any kind. st any and all suits, causes of action, histrators, executors, agents, assign	ees, and agents from and against any loss I agree to indemnify Saracen Development liabilities, costs, losses, damages, and ees or any third party may have arising out		
I have executed this request at:		City State			
on this	day of	,20			
CERTIFICATE OF ACKNOWL (To be completed by a certified No	tary if submitting this form vi		Guest's Authorized Signature		
		e, the undersigned notary public, personally	y appearedto be the		
	-	-	are truthful and accurate to the best of his/her		
		Si	gnature of Notary Public		
Place notary seal above		N	ly Commission Expires		

Bring your completed form to Saracen Casino Resort and submit (in person) to the Cashier's Cage, who will verify your identity. If submitting via mail, ensure notarization is complete and mail to winloss@saracenresort.com or mail to Saracen Casino Resort, Attn: Accounting, 1 Saracen Resort Drive, Pine Bluff, AR 71601