



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

Players Club Card #: _____ Date of Birth: _____

Mailing Address: _____ Ste/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: _____
First Last

Players Club Card #: _____ Social Security #: _____

Mailing Address: _____ Ste/Apt: _____

City/Province: _____ State/Country: _____ Zip: _____

Telephone: _____ E-Mail: _____

CHECK THE DOCUMENTS AND YEAR YOU WOULD LIKE TO REQUEST:

W2G (Jackpot Winnings) 2020 2021

1099 Gaming (Promotional Winnings - Ex. Hot Seat Drawings, etc.)

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

CERTIFICATE OF ACKNOWLEDGMENT

(To be completed by a certified Notary if submitting this form via mail)

On this _____ day of _____, _____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was/were _____ to be the person whose name is signed above, and swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Signature of Notary Public

My Commission Expires

Place notary seal above

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