



# REQUEST FOR WIN/LOSS STATEMENT

PLAYER EXTRAS CLUB CARD NUMBER \_\_\_\_\_

PLAYER'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

WIN/LOSS STATEMENT FOR TAX YEAR \_\_\_\_\_

**I HEREBY REQUEST THAT SARATOGA CASINO BLACK HAWK PROVIDE MY HISTORICAL GAMING ACTIVITIES FOR THE YEAR(S) LISTED ABOVE.**

PLAYER SIGNATURE \_\_\_\_\_

**PLEASE MAIL, FAX OR EMAIL THE COMPLETED FORM TO:**

**SARATOGA CASINO BLACK HAWK  
PO BOX 427, BLACK HAWK, CO 80422  
[INFO@SARATOGACASINOBH.COM](mailto:INFO@SARATOGACASINOBH.COM)  
303.582.6170 FAX**