

Win/Loss Statement Request Form

Allow up to 14 business days to process your request.

(Detailed statements not available.)
Please print clearly when completing this form.

Name			Players Club Account #		
Driver License #			Date of Birth		
		Maili	ng Address		
	Phone #			Email	
Tax Ye	ar (Requests available for the	 last 7 years.)			
Preferro	ed method of delivery	(select one):	Mail	Email	
	Customer Signatur	e		Date	
				this form with an "electronic signature" in accordance horization to complete the transaction requested in this fo	
Mail to:	Oneida Casino Players Club P.O. Box 365 Oneida, WI 54155	<u>Fax to</u> :	920-429-3151		
		<u>For Of</u>	fice Use Only		
Playe	ers Club Employee Sigr	nature/Emp. #	 Date	Completed/Processed for Custome	

Disclaimer: Gaming losses in any year may be deducted on your taxes to the extent of reporting winnings in that year. The burden of substantiating losses is upon the customer/player. This statement is provided to assist the customer/player in substantiating losses. The Oneida Tribe of Indians of Wisconsin and its Bingo and Casino operations assumes no liability with regard to the accuracy of the customer/player's losses, the identity of the person using the card, or any other aspect of this statement. The responsibility of substantiating any losses rests with the individual taxpayer. The Internal Revenue Service (IRS) may require additional documentation from the taxpayer when losses are claimed. Please review the appropriate IRS regulations and consult with a competent professional when preparing tax returns (26 USC sec. 6001; Proc 77-29).