



WIN/LOSS STATEMENT REQUEST FORM

Please complete the information requested below and **attach a copy of a valid photo identification card when submitting this request form.**

Fax to: Attention: Revenue Accounting
Fax #: (559) 692 – 5338

OR

Mail to: Chukchansi Gold Resort & Casino
Attention: Revenue Accounting Dept.
711 Lucky Lane
Coarsegold, CA 93614

The information contained on the Win/Loss Statement is based on carded play, and may or may not represent actual win/loss. This Win/Loss Statement is not an official IRS document. It is the sole responsibility of the player to keep track of their wins and losses. Chukchansi Gold Resort and Casino accepts no responsibility for the accuracy of the Win/Loss Statement

Please print the requested information requested below.

Full Name:

First

Middle

Last

Mailing Address:

Social Security #:

Rewards Club #:

Year(s) Requested:

Signature: _____

Date: _____