



PUYALLUP TRIBE OF INDIANS

REQUEST FOR TAX INFORMATION

- W-2G Statement
- Estimated Win/Loss Statement

Upon completion please mail to:

Emerald Queen Casino & Hotel
ATTN: COMPLIANCE
5700 Pacific Hwy E
Fife, WA 98424

or email a copy to GuestService@emeraldqueen.com

Today's Date: _____

I am requesting my tax information:

Patron's Name (print) _____

Physical Address (No PO Box) _____

City, State, Zip _____

Phone No. _____

Player's Account No. _____

Social Security No. _____

Tax Year(s) _____

Choose One:

- Mail to my address on record
- Email to the following address: _____

My signature below authorizes the release of this tax information in the manner selected above.

Signature

Date

**NOTARIZED SIGNATURE REQUIRED IF ACCOUNT HOLDER DOES NOT APPEAR IN PERSON
AT EMERALD QUEEN CASINO & HOTEL**

NOTARY ACKNOWLEDGMENT

Subscribed and sworn to before me this _____ day of _____, 20 _____

Signature of Notary Public: _____

Notary Public in and for the County of _____, and the State of _____

My Commission Expires: _____

