



Attention: Operational Accounting  
1280 Highway 315  
Plains, PA 18702  
Fax: (570) 831-3541

## REQUEST FOR W2-G TAX STATEMENT

Requested Tax Year \_\_\_\_\_

Please check one:  Slot Patron  Racing Patron

Players Account Number \_\_\_\_\_

### Personal Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(mm/dd/yy)

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

### Signature Section

Signature \_\_\_\_\_

Date \_\_\_\_\_