

Win/Loss Request Form

Request Date:

Player Name:

Player Signature:

Phone #:

D.O.B

Club Card #:

Place an 'X' in the box to select:

1) E-Mail

2) Fax

3) Mail

4) Pick-up at Club Barona

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

E-mail:

Fax #:

Mailing Address:

Last 4 SSN#

Drivers License/ID#:

(For Verification Only)

Automated Annual Win/Loss Statement: Yes No (Please circle one)

Email

Mail

<input type="checkbox"/>
<input type="checkbox"/>

If email address is not on file, do you approve of mailing to the address on file?

Yes No (please circle one)

Please choose one or more of the following options:

1)Annual Statement:	2)W2G:(Will not be emailed)	3)1099:(Will not be emailed)
Year(s)	Year(s)	Year(s)
(includes w2g/1099 summaries)	(Actual Copy)	(Actual Copy)



****All information written on form needs to match what is in your Club Barona account in order to process accordingly.****

Date processed:

Processed by:

Tax Compliance Department
winlostaxform@barona.com

1932 Wildcat Canyon Road
Lakeside, CA 92040

619-443-2300 * Fax 619-443-1522