



An Aztar Corporation Casino
421 NW Riverside Drive, Evansville, IN 47708, 812-433-4000

Win/Loss Statement Request Form

Win/Loss Statements will be available in January of each year for the prior year. Contact information is below:

Mail: Casino Aztar, Indiana
Win/Loss Statement Services
421 NW Riverside Drive
Evansville, IN 47708

FAX: Win/Loss Statement Services
812-433-4366
812-433-4045

Your Win/Loss Statement will be sent to the address on record unless you specify another address below. You may verify your current information on file by stopping by any Rewards Club Center, or by contacting your Casino Host. If you do not have a Casino Host, you may call 1-800-433-4000 and ask for the Rewards Club department.

Patron: First Name (Please Print)	MI	Last Name	
Street Address	City	State	Zip
Rewards Card Number	Social Security Number	Date of Birth	
Phone Number	Email Address		

Tax Year(s) Requested:

- Annual Statement Request:** Please send me my Win/Loss Statement automatically each year. I understand it is my responsibility to keep my address information current and to notify Casino Aztar when I no longer wish to receive annual Win/Loss statements.
- Alternate Delivery Address:** Please send my Win/Loss Statement to the following address:
Street Address: _____
City, State, Zip: _____
- Please FAX my Win/Loss Statement to the following fax number:
FAX Number: _____

Your Win/Loss Statement will include estimated Slot and Table Games win/loss information from Casino Aztar of Indiana. The tracking system used in providing this information is based on the use of your Rewards Club Card. Therefore, this statement will not reflect an accurate accounting record—it merely provides an estimate you can use to compare to your records. The IRS recommends that you keep your own records of your gaming activity.

I do hereby certify that the information contained above is true and correct, and I authorize Casino Aztar of Indiana to provide me a Win/Loss Statement of my Rewards Club account tracked gaming activity. In consideration of this, I agree to release and hold harmless Casino Aztar of Indiana, and all of its directors, employees, officers, managers, affiliated persons, and representatives from any and all claims, causes of action, liabilities, costs, or damages arising from or relating to the information and its release as a result of this request.

I further understand that the information requested is generated from a player's tracking system based on my Rewards Club account history and is not intended to be, or take place of, my own records of my gaming activity. Casino Aztar of Indiana makes no representation or warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of winnings and losses.

Patron Signature: _____ **Date:** _____