



# REQUEST FOR WIN/LOSS STATEMENT

**FOR SECURITY PURPOSES, A COPY OF YOUR DRIVER'S LICENSE OR STATE ID MUST BE INCLUDED WITH ANY REQUEST.**

All information requested on this form must be filled out. Forms not completely filled out will not be honored.

[Empty input boxes for name fields]

FIRST NAME (Please Print)

MI

LAST NAME

[Empty input box for mailing address]

MAILING ADDRESS

[Empty input boxes for city, state, and zip]

CITY

STATE

ZIP

[Empty input boxes for gold card number and date of birth]

GOLD CARD NUMBER

DATE OF BIRTH

[Empty input boxes for phone number and tax year(s) requested]

PHONE NUMBER

TAX YEAR(S) REQUESTED

Statements will be mailed to the address provided. Statements will be mailed out in 7-10 days. No information will be provided over the phone. W2G information is not included in the Win/Loss Statement and will need to be requested separately through our accounting office.

The information requested reflects information currently available in the database resulting from carded electronic games play at Golden Pony Casino. Golden Pony Casino makes no representation or warranty as to the accuracy of this information or its effectiveness as proof of losses.

GOLD CLUB MEMBER SIGNATURE \_\_\_\_\_

PLEASE MAIL COMPLETED FORM TO:

GOLDEN PONY CASINO Attn: Compliance Dept.  
109095 N. 3830 Road, Okemah, OK 74859

OR EMAIL COMPLETED FORM TO:

hhegland@goldenponycasino.com

..... FOR CASINO USE ONLY .....

DATE RECEIVED \_\_\_\_\_ PROCESSED BY \_\_\_\_\_

PROCESSING COMPLETED DATE \_\_\_\_\_