



WIN/LOSS STATEMENT REQUEST

Name: _____ Account #: _____

Address: _____ Date of Birth: _____

City/State/Zip: _____ Phone #: _____

Social Security: _____ Email: _____

I do hereby certify that the statements contained herein are true and correct and I authorize Zia Park & Black Gold Casino to provide me with a win/loss statement of my gaming activity derived from my Black Gold Club account. In consideration for this information, I hereby release Zia Park & Black Gold Casino, its parent and affiliated companies, and all of their representative officers, directors, employees and agents from any and all claims arising from or relating to the information and its release, and further agree to indemnify and hold those entities and persons harmless from any such claims.

Account Holder's Signature: _____

Date: _____ Win/Loss Statement Year Requested: _____

Please present this form in person at Player's Services OR mail the original request to Zia Park & Black Gold Casino at 3901 W. Millen Drive, Hobbs, NM 88240 OR fax form to 575-492-7098. Attention: Player's Services. Please allow 10-14 business days.

Please indicate if you would like to pick up your statement in person, or if you would like us to fax or mail it to you.

Pick Up: _____ Receive via Mail: _____ Fax to: () _____

Processed By: _____ Date: _____



W2-G REQUEST FORM

Name: _____ Account #: _____

Address: _____ Date of Birth: _____

City/State/Zip: _____ Phone#: _____

Social Security#: _____ E-mail: _____

I do hereby certify that the statements contained herein are true and correct and I authorize Zia Park Casino to provide me a copy or copies of any W2-G tax forms attributed to my social security number for the designated tax year. In consideration for this information, I hereby release Zia Park Casino, its parent and affiliated companies and all of their representative officers, directors, employees and agents from any and all claims arising from or relating to the information and its release, and further agree to indemnify and hold those entities and persons harmless from any such claims.

Requestor's Signature: _____

Date: _____ Year/Years Requested: _____

Please present this form in person at Player's Service with valid identification.

Please indicate if you would like to pick up your statement in person or if you would like us to mail it to you. Please allow 10 to 14 days for processing.

Pick Up: _____ Receive via mail: _____

Employee: _____ Date: _____