

Attention: **Corporate Finance** 7002 Arundel Mills Circle Suite 7777 Hanover, MD 21076 Identification verified by (please write clearly): Team Member / Badge #

PLEASE CIRCLE ALL THAT APPLY: Maryland

Pennsylvania

Play Live

MANUAL REQUEST FOR TAX FORMS AND WIN/LOSS STATEMENT

Please allow up to 15 business days for receipt via USPS and Pick up.

If you are mailing or emailing in your request, please DO NOT forget to notarize the document at the bottom

Tax Year(s) Requested (Circle): 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

Player Information (please write l	egibly):
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Last Name	First Name	Middle Initial	Suffix
Date of Birth: (mm/dd/yyyy))/ / Last fo	our of SSN:	<u></u>
Players Card # <u>(REQUIRED</u>	<u>)</u>		
Telephone Number: ()			
Email Address:			
Please Circle: MAIL or <u>PI</u>	CKUP (Only available at M	ID Live Casino)	
Address to mail requested do	ocuments (please write legibl	ly)	
Street Address (including Apt#	†) or P.O. BOX		
City, State, and Zip Code			
Signature:	Da	nte://	
Notary - Cert	tificate of Acknowledgement	t – (For mail in requests	only)
State/County of:	, before	me on:	,
Personally appeared,			
	(Signers)		
Personally known to me -OR-	-proved to me on the basis of	f satisfactory evidence to	be the person(s)
whose name(s) is/are subscribe	ed to the within instrument an	nd acknowledged to me th	nat he/she/they
executed the same in his/her/th	neir authorized capacity, and t	that by his/her/their signa	ture(s) on the
instrument the person(s) or the			
1 ()	WITNESS my hand and		
	(Notary signature an	nd Seal)	

W/L Statements for the last three tax years are available via your account at livecasinohotel.com