

LUMIÈRE PLACESM

CASINO & HOTELS · ST. LOUIS

W-2G/WIN-LOSS REQUEST FORM

Please print all information clearly.

First Name Middle Last Name

Street Address City State Zip Code

Social Security Number (required for W2-G) Club Account Number Date of Birth (mm/dd/yyyy)

Phone Number Email Address Tax Year Requested

Please Check one or both of the Following:

- **Win-Loss Statement:** Document indicates estimated play activity (wins or losses) based upon observable and/or carded gaming activity.

- **W-2G:** IRS form summarizing jackpots won that exceed \$1,200.

Request Agreement

I certify that the statements contained herein are true and correct, and hereby request that Lumiere Place provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play, and that the information I am requesting consists of estimates only and may not be appropriate for income tax reporting. In consideration of my receipt of this information, I agree to indemnify and hold harmless Lumiere Place, its subsidiaries and affiliates, and their respective officers, directors, employees and agents from any and all claims, suits, causes of action, liabilities, costs, losses, damages, and expenses (including attorney's fees and costs) which I, or my administrators, executors, agents, successors, heirs or assigns, or any third party, might have or incur as a result of, or in any way relating to, my receipt and/or use of the information.

Signature (Required) Date

Please complete the request form and return it to:

Lumiere Place Casino and Hotels

Attn: Win-Loss Requests

999 North 2nd Street

St. Louis, MO 63102

Phone Number: (314) 881-7623

Please Allow 2 - 4 Weeks for Processing Your Request.