



Win/Loss Request Form

All information must be legibly printed and complete to process form.

First Name

Last Name

Middle

Street Address

City

State

Zip

Social Security Number

Live! Rewards Number

Date of Birth (mm/dd/yyyy)

Phone Number

Email Address

Tax Year Requested

Terms

I certify that the statements contained herein are true and correct, and hereby request that Indiana Live! Casino provide me with the information requested above. I understand that it is my 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 Indiana Live! Casino, 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.

For more information, contact the IRS or see IRS Tax Topic 49 <http://www.irs.gov/taxtopics/tc419.html>

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

Signature (Required)

Date

By affixing my signature on the line above, I agree to the terms stated above and I hereby affirm, under the penalties of perjury, that the requestor and signatory are one and the same person.

Players must present the completed form with current and valid identification to the Cashier.

Forms will be processed and the Win/Loss Statement will be mailed to the above address.

Forms are also available at Indiana Live! Casino at the Cashier Window and Live! Rewards Counter.