

## GAMING HISTORY REQUEST FORM

N	MAIL	EMAIL	PICKUP					
		***Your p	Please comple rivacy matters to us Gaming History Statement ons can be made in p	te thi . You to be n ersor	s form in its entirety or information is kep nailed, please VERIFY you	y. ot confid ır current	l <b>enti</b> a mailing	
Pa	atron Name: _	FIRST NAME	MIDDLE INITI	AL	LAST NAM	1E		
D	ate of Birth: _	MM/DD/YY	SSN:					
C	lub Sycuan Ac	ecount Number:						
	Tax Yea	r(s) Requested:	2025					
I R RE TH FR SPI	LEASE SYCUAN CAS LATING TO THE INFO IE IRS RECOMMEND OM INTERNAL MARI ECIFIC INFORMATIO	AN CASINO RESORT PRO INO RESORT AND ALL OF DRMATION AND ITS RELE IS KEEPING A DIARY OR SI KETING SYSTEMS AND IS N N ON TAX RETURN PREPA ESORT MAKES NO PEPRO OOF OF LOSSES.	THEIR RESPECTIVE OFFICERS ASE, AND FURTHER AGREE TO IMILAR RECORD OF YOUR GAMNOT INTENDED FOR TAX REPORTATION AND IRS REQUIREME esentation or warranty,	, DIRECT INDEMN IBLING A RTING PU NTS, PLI	FORS, EMPLOYEES, AND AGEN IFY AND HOLD THOSE ENTITH ACTIVITY. I UNDERSTAND THA IRPOSES TO THE IRS OR ANY CASE CONSULT A TAX ADVISOR	TS FROM AN ES AND PERS AT THE INFO OTHER STA R OR THE IN	NY AND A SONS HA RMATIC TE OR L RS AT W	OCAL REPORTING AGENCY. FOR WW.IRS.GOV.
Pa	ntron Signature:	•	Terms and Conditions			Date: _		
			Email Address					
	Mail your Form to:	Sycuan Casino Res Attn: Club Sycuan 5469 Casino Way El Cajon, CA 9201		Or	Bring your completed to any Club Sycuan d		Or	Complete online at Sycuan.com

\*\* Please allow two weeks for processing your request \*\*

\*\*\*To protect your information, we do not take Win/Loss request over the telephone. In addition, all updates to Club Sycuan accounts must be made in person with a current government issued identification. \*\*\*