



## Tax Information Statement Request Form

Fill out this request form completely and sign. Please use blue or black ink and print clearly. Allow two (2) weeks to process your request. You may mail, fax, or deliver your completed Tax Information Statement Request Form in person to the Players Club Desk or Casino Cage. Tax Information Statements for 2009 will be available January 2010. Contact information is below:

**Mail:** TI Casino Marketing  
ATTN: Tax Request  
3300 S. Las Vegas Blvd.  
Las Vegas, NV 89109

**Fax:** Treasure Island  
702.894.7602

For privacy purposes, the requested Tax Information Statement will be mailed to the address we have on file for your Players Club account unless you specify another address below. You may verify your current mailing address by visiting the Players Club Desk, or by calling 800.944.3777. Your Tax Information Statement will include estimated Slot and Table Games win/loss information for Treasure Island only. The tracking system used to arrive at this amount is dependent upon use of your Players Club Card and does not include slot tournament or giveaway party winnings, race and sports book, poker or keno activity. Therefore, this statement will not reflect an accurate accounting record—it merely provides an estimate you can use to compare to your own records.

**Today's Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Customer Name** \_\_\_\_\_  
First Name Middle Initial Last Name

**Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Tax Identification Number or Social Security Number (last four digits only)** \_\_\_\_

**Players Club Number** \_\_\_\_\_

**Tax Year(s) Requested**     2009     2008     2007     2006     2005

Specify an Alternate Delivery Address if Applicable

Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

City, State and Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

*I do hereby certify that the information contained herein is true and correct, and I hereby authorize TREASURE ISLAND, its Subsidiaries, Affiliates and Agents, to provide to me a win/loss statement of my gaming activities derived from my Players Club account history. In consideration for this, I agree to indemnify and hold harmless TREASURE ISLAND and its past and present agents, directors, employees, managers, representatives, officers, successors, affiliated persons, organizations, and companies from any and all claims, causes of action, liabilities, costs, or damages arising from or relating to the information and its release as a result of this request.*

*I understand that the information requested is generated from internal marketing systems and is not intended to be or take place of my own records of my gaming activity. TREASURE ISLAND makes no representation or warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses.*

**Customer Signature** \_\_\_\_\_