

# AMERISTAR

CASINO ★ HOTEL

## GAMING ACTIVITY REPORT & W2-G REQUEST FORM

Please print all information clearly.

|  |                         |                            |          |
|--|-------------------------|----------------------------|----------|
| First Name                               | Middle                  | Last Name                  |          |
| Street Address                           | City                    | State                      | Zip Code |
| Last 4 Digits of SSN                     | mychoice Account Number | Date of Birth (mm/dd/yyyy) |          |
| Phone Number                             | Tax Year(s) Requested   |                            |          |
| Do you request a gaming activity report? | Yes___ No___            | Year(s) _____              |          |
| Do you request a copy of your W2-G(s)?   | Yes___ No___            | Year(s) _____              |          |

### Acknowledgment

I certify that the statements contained herein are true and correct, and hereby request that Ameristar Casino Hotel Council Bluffs provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play that, the Gaming Activity Report is not an accounting record and is not appropriate for income tax reporting.

|  |  |
|--|--|
| <b>Signature (Required)</b>  | <b>Date</b>  |
| <i>*Notary not required if form is requested or presented in person.</i> |  |
| State of: _____ )<br>County of: _____ ) ss                               | Acknowledged before me on this the ____<br>day of _____, _____ |
|  | _____<br>Notary<br>(Seal)                                      |

Please complete the request form and return it to:

Ameristar Casino Hotel Council Bluffs  
Attn: Gaming Activity Report  
2200 River Road  
Council Bluffs, IA 51501  
Phone Number: (712) 328-8888  
Fax Number: (712) 396-3255

Preferred Delivery Method

Fax \_\_\_\_\_

Mail \_\_\_\_\_

**Please Allow 2-4 Weeks for Processing Your Request.**