

## **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 myc	hoice Account Num	ber D	ate of Birth (mm/dd/yyyy)
Phone Number		Tax Year(s) Requested	
Do you request a gaming activity re Do you request a copy of your W2	eport? Yes 2-G(s)? Yes	_ No Year(s) _ _ No Year(s) _	
I certify that the statements contained herein a with the information requested above. I unders Gaming Activity Report is not an accounting r	tand that it is my own respo	eby request that Penn E	curate records of play, that the
Signature (Required)		Date	•
*Notary not required if form is reque	sted or presented in p	oerson.	
State of:		cknowledged befo	re me on this the
County of:		iy 01	
	N	otary (Sea	al)
Please complete the request form	and return it to:	Preferred D	elivery Method
		Fax	