



ATTN: MARKETING DEPARTMENT  
555 MIDDLE VERDE RD  
CAMP VERDE, AZ 86322

PHONE: (928)567-7900

FAX: (928)567-7901

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### REQUEST FOR TAX INFORMATION

PLAYER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ D.O.B. \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

(Please provide ONLY if you want statement faxed)

NOTE: If the above address is new and you would like your records updated, please provide your old address below.

OLD MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TAX YEAR(S) REQUESTED: \_\_\_\_\_

CASTLE CLUB CARD NUMBER (if known): \_\_\_\_\_

REQUESTS FOR TAX INFORMATION WILL BE PROCESSED WITHIN 14 DAYS OF RECEIPT.

By signing below I am requesting that Cliff Castle Casino-Hotel provide me with my estimated activity for the tax year(s) indicated above, I understand that the information I will receive is an “estimated figure” of my activity.

SIGNATURE: \_\_\_\_\_

(Required for Processing)