



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

PHONE: (928)567-7900

FAX: (928)567-7901

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)

EMAIL ADDRESS: _____

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)