

Please return form to:  
Creek Nation Casino Muscogee  
Attention Accounting  
PO Box 1249  
Muskogee, OK 74402  
Fax 918-687-7318



## Tax Information Request

Name \_\_\_\_\_ / \_\_\_\_\_ Diamond Club Card # \_\_\_\_\_  
Last First

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone# \_\_\_\_\_ Email if applicable \_\_\_\_\_

Tax Year: \_\_\_\_\_

The following document(s):  W2G  Win/Loss Statement

I do hereby certify the information and statements herein are true and correct and I hereby authorize Creek Nation Casino Muscogee to provide me with the above checked statement(s). I agree to indemnify and hold harmless Creek Nation Casino – Muscogee and its respective past and present agents, employees, managers, representatives, liabilities, costs, losses, damages, attorney's fees and expenses which I, or my administrators, executors, agents, assignees or any third party may have arising out of, or relating to, this request as a result of this request.

No information will be provided over the phone. Please allow seven (7) to ten (10) business day(s) to process.

\_\_\_\_\_  
Account Holder's Signature

PICK UP:  MAIL:

DO NOT WRITE IN BOX BELOW. FOR CREEK NATION CASINO MUSCOGEE

DATE RECEIVED:	
DATE PROCESSED:	
PROCESSED COMPLETED/DATE MAILED	

SIGNATURE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_