



W2-G REQUEST FORM

To help us serve you better,
Please verify that we have your current mailing address before submitting your request.

Address changes can be made at the Total Rewards Center or by visiting
www.totalrewards.com and logging onto your Total Rewards account to update your profile.

Patron Name: _____
FIRST NAME MIDDLE INITIAL LAST NAME

Address: _____
STREET/CITY/STATE/ZIP CODE

Date of Birth: _____ Social Security Number: [][][] [][] [][][][][]
MM/DD/YY

Total Rewards Number: [][][][][][][][][][]

Telephone: _____

Tax Year(s) Requested: _____

Please Select One: Pick-Up at Main Cashiering Window
 Mail to Address on File (Copy of photo ID required)

I request that Caesars Entertainment Corporation provide me copies of the requested W2-G's from Horseshoe Hammond. In consideration for this information, I hereby release Horseshoe and its parent and affiliated ("Caesars") from any and all claims arising from or relating to the information and its release, and further agree to indemnify and hold those entities and persons harmless from any such claims. I understand that the information requested is generated from internal gaming systems and is not intended to be or take the place of my own records of my gaming activity. Horseshoe makes no representation or warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses.

Patron Signature: _____ Date: _____

Mail your form to:	Horseshoe Casino Attn: Accounting Department 777 Casino Center Drive Hammond, IN 46320	OR	Bring your completed form to a Main Cage Cashiering Window
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**** PLEASE ALLOW 1 WEEK FOR PROCESSING OF YOUR REQUEST ****

Date Received: _____ <input type="checkbox"/> Mail (Date): _____ <input type="checkbox"/> Pick-Up (Date): _____	For Office Use _____ _____ _____
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