



WIN/LOSS STATEMENT FORM

I REQUEST A WIN/LOSS STATE FOR TAX YEAR _____ TO BE MAILED TO ME AT THE ADDRESS BELOW.
ALL LINES MUST BE COMPLETED FOR FORM TO BE PROCESSED.

WIN/LOSS STATEMENTS WILL ONLY BE ISSUED AT THE END OF THE YEAR TO ASSIST IN THE PREPARATION OF TAXES.

PLAYERS CLUB MEMBERSHIP #: _____

NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ / _____ / _____

PROVINCE/COUNTRY: _____ / _____

PHONE: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

PATRON SIGNATURE: _____

FAX OR MAIL THE COMPLETED FORM BACK TO THE FOLLOWING:

PLEASE FAX TO:

(716) 244-5847

**Seneca Casinos
Attn: CASINO CONTROLLER**

OR

PLEASE MAIL TO:

**Seneca Casinos
Attn: CASINO CONTROLLER
777 Seneca Allegany Blvd.
Salamanca, NY 14779**

Once the completed form is received, please allow up to fourteen business days to receive your statement.
Please note that emailed Win/Loss statements are not available

If additional information is needed, please call:

(716) 244-5086

For information regarding Gambling and Income Expenses please visit:

www.IRS.gov/taxtopics/tc419.html

**THANK YOU FOR CHOOSING TO PLAY AT SENECA ALLEGANY CASINO & HOTEL.
WE HOPE TO SEE YOU BACK SOON!**