

## TAX FORM REQUEST

|   |  |
|---|--|
| <b>Name:</b>  | <b>Player Account Number:</b>  |
| <b>Social Security Number:</b>  | <b>Date of Birth:</b>  |
| <b>Mailing Address</b>  |  |
| <b>City / State / ZIP:</b>  |  |
| <b>Telephone:</b>   | <b>Email: (please write legibly)</b>   |
| <b>Year Requesting:</b> _____ <input type="checkbox"/> Slots <input type="checkbox"/> Racing<br><input type="checkbox"/> Table Games <input type="checkbox"/> Sportsbook <input type="checkbox"/> Online Sports | <b>Please Choose One:</b><br><input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Pick Up At Cage |

\*\* Information that is incorrect and needs to be updated, such as Social Security Number, will require you to complete an IRS W-9 Form.

I do hereby certify the above information to be true and correct, and I hereby authorize Oaklawn Racing Casino Resort to provide me with a copy my gambling taxable winnings during the requested year.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

### ATTENTION:

Complete this form at Player Services in front of a representative with a valid government issued ID.  
**THIS FORM MUST BE NOTARIZED IF NOT REQUESTED IN PERSON.**

Must mail ORIGINAL NOTARIZED form; photocopy or email copy is not acceptable.

Mail To: **Oaklawn Racing Casino Resort**  
Attn: Revenue Audit Department  
2705 Central Avenue  
Hot Springs National Park, AR 71901

### TO BE COMPLETED BY NOTARY PUBLIC:

On this date \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
(Name of Person being Notarized)  
who proved to me on the basis satisfactory evidence to be the person within the instrument.

IN WITNESS WHEREOF, I certify under PENALTY OF PERJURY under the laws of the County of \_\_\_\_\_  
and State of \_\_\_\_\_ that the foregoing is true and correct.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
AFFIX NOTARY SEAL HERE

### DO NOT WRITE BELOW THE LINE. OAKLAWN RACING CASINO RESORT USE ONLY

|                      |              |                 |
|----------------------|--------------|-----------------|
| <b>Received by:</b>  | <b>Date:</b> | <b>Badge #:</b> |
| <b>Completed by:</b> | <b>Date:</b> | <b>Badge #:</b> |