



CASINO • HOTEL • RACETRACK

HOBBS, NM

A mychoice® destination

WIN LOSS STATEMENT & W2-G REQUEST FORM

Please print all information clearly.

First Name Middle Last Name

Street Address City State Zip Code

Last 4 Digits of SSN mychoice Account Number Date of Birth (mm/dd/yyyy)

Phone Number Tax Year(s) Requested

Do you request a win loss statement? Yes ___ No ___ Year(s) ___
Do you request a copy of your W2-G(s)? Yes ___ No ___ Year(s) ___

Acknowledgment

Please read and sign below: Your request cannot be processed without your signature I requested that Zia Park Casino provide me with the gaming statement(s) from its property. In consideration for this information, I hereby release Zia Park Casino and its affiliated companies, 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 Zia Park internal marketing records and is not intended to be or take the place of my own records of gaming activity. Zia Park Casino makes no representation or warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses.

Signature (Required)

Date

*Notary not required if form is requested or presented in person.

State of: _____)
County of: _____) ss

Acknowledged before me on this the _____ day of _____, _____

Notary (Seal)

Please complete the request form and return it to:

Preferred Delivery Method

Zia Park Casino
Attn: Win Loss documents
3901 W Millen Dr
Hobbs, NM 88240
Phone Number: (575) 492-7000
Fax Number: (575) 492-7098

Mailing
Address _____

Please Allow 2-4 Weeks for Processing Your Request.