



Win / Loss Statement W2G Request Form

Date: _____

Guest's Name (please print):

First M.I. Last

Address: _____ City:

State: _____ Zip: _____ Date of

Birth: _____ Phone: _____

Last 4 of SSN: _____ Club Remington Card Number: _____

Tax Year Requested: _____ W2G Requested _____

How would you like to receive your win/loss statement? (check one)

____ Mail to address listed above.

____ Pick up at Remington Park. *(We will call you when it is ready to be picked up.)*

____ E-mail E-mail Address: _____

____ Fax Fax Number: _____

Guest's Signature: _____

Mail this completed form to:

or fax to:

Remington Park
Att: Audit Department
1 Remington Place
Oklahoma City, OK 73111

(405) 419-4462
Att: Audit Department

Note: This form must be completed, signed, and a copy of a photo ID be included in order for us to process your request. Please allow up to ten business days for your statement to be processed and delivered to you.