Wynn | Encore Las Vegas ATTN: Win/Loss Department 3131 Las Vegas Blvd. South Las Vegas, Nevada 89109



Phone: 702-770-3181 Fax: 702-770-1458 E-mail: winloss@wynnlasvegas.com

## **REQUEST FOR GAMING INFORMATION**

You may access the previous three years of your Win/(Loss) activity or obtain the total of your taxable jackpot(s) instantly, online anytime. Simply go to redcard.wynnlasvegas.com, activate your online profile, and go to the "My Casino Account" section.

Date:	Date of Birth:	
Customer Name:		
	(Print)	
Preferred Phone #: ( )		
Mailing Address:		
If the above address is NEW and you we	ld like your account updated, please provide y	our OLD address below
OLD Mailing Address:		
Tax Year(s) Requested:		(Current year information is not available until the end of the current year)
Slot Win/(Loss) Information	Account Number	
Table Game Win/(Loss) Information	Account Number	
The following information is only necessary for ind and do not have a copy of the form(s) required for your Social Security Number (SSN) if you are a Un	ax reporting. If you request a summary of thes ed States resident.	
W2-G Summary (Copies of individual W2-G for		
1042-S (Foreign) Summary (Copies of individual 1042-S forms are not available)		
PREFERRED METHOD OF RETURN FOR REQU	STED INFORMATION (check applicable bo	x)
Mail to the address provided above		
E-Mail (provide E-mail address)	@recdep.com	
X Fax (provide Fax number)	357.3337	
Check here if you would like your win / (loss)	formation automatically mailed to your addre	ess on file <b>annually</b> .
	led to you <b>annually</b> until you notify us of your nailed by the end of February of the current ta	

By signing below, I am requesting that Wynn Las Vegas send me a letter showing my **estimated activity** for the tax year(s) indicated above. I understand that the information I will receive from Wynn Las Vegas will be an "**estimated figure**" of my activity.

Account Holder Signature