



PUYALLUP TRIBE OF INDIANS

### REQUEST FOR TAX INFORMATION

- W-2G Statement
- Estimated Win/Loss Statement

Upon completion please mail to:

**Emerald Queen Casino & Hotel**  
ATTN: COMPLIANCE  
5700 Pacific Hwy E  
Fife, WA 95424

or email a copy to [GuestService@emeraldqueen.com](mailto:GuestService@emeraldqueen.com)

Today's Date: \_\_\_\_\_

I am requesting my tax information:

Patron's Name (print) \_\_\_\_\_

Physical Address (No PO Box) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Player's Account No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Tax Year(s) \_\_\_\_\_

Choose One:

- I will pick up at the Fife location Echo Cashier Station (Photo ID Required)
- Mail to my address on record

My signature below authorizes the release of this tax information in the manner selected above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTARIZED SIGNATURE REQUIRED IF ACCOUNT HOLDER DOES NOT APPEAR IN PERSON  
AT EMERALD QUEEN CASINO & HOTEL**

#### NOTARY ACKNOWLEDGMENT

(Notary Seal)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, and the State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

