

Attention: **Corporate Finance** 7002 Arundel Mills Circle Suite 7777 Hanover, MD 21076 Identification verified by (please write clearly): Team Member / Badge #

PLEASE CIRCLE ALL THAT APPLY: Maryland

Pennsylvania

Play Live(Online-Emailed)

MANUAL REQUEST FOR TAX FORMS AND WIN/LOSS STATEMENT

Please allow up to 15 business days for receipt via USPS and Pick up.

If you are mailing or emailing in your request, please DO NOT forget to notarize the document at the bottom

Tax Year(s) Requested (Circle): 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

Player Information (please write	legibly):
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Last Name	First Name	Middle Initial	Suffix
Date of Birth: (mm/dd/yyyy)	/ / Last fo	our of SSN:	
Players Card # (REQUIRED)			
Telephone Number: ()			
Email Address:	· · · · · · · · · · · · · · · · · · ·		
Please Circle: MAIL or PICK	UP <u>(Only available at M</u>	AD Live Casino)	
Address to mail requested docum	ients (please write legib	ly)	
Street Address (including Apt#) or	P.O. BOX		
City, State, and Zip Code			
Signature:	Da	ate://_	
Notary – Certifica	te of Acknowledgement	t – (For mail in requests	only)
State/County of:	, before	me on:	,
Personally appeared,		(Notary Da	,
	(Signers)		
Personally known to me –OR—pro whose name(s) is/are subscribed to executed the same in his/her/their a	the within instrument an	nd acknowledged to me th	hat he/she/they
instrument the person(s) or the entit \mathbf{V}	ty upon behalf of which t VITNESS my hand and		ited the instrument
	(Notary signature and	d Seal)	-
***W/I Statements for the last th	maa tari riaama ama ariailahl	a via vana agazzat at live	and and and and **

^{***}W/L Statements for the last three tax years are available via your account at livecasinohotel.com***

*** PlayLive! Online W/L Form Request do no require a notary and will be sent to the email on file**