

**RIVERCITY**  
CASINO & HOTEL

**GAMING ACTIVITY REPORT & W2-G REQUEST FORM**

*Please print all information clearly.*

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First Name	Middle	Last Name	
<hr/>			
Street Address	City	State	Zip Code
<hr/>			
Last 4 Digits of SSN	mychoice Account Number	Date of Birth (mm/dd/yyyy)	
<hr/>			
Phone Number	Tax Year(s) Requested		
<hr/>			
Do you request a gaming activity report?	Yes ___ No ___	Year(s) _____	
Do you request a copy of your W2-G(s)?	Yes ___ No ___	Year(s) _____	

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**Acknowledgment**

I certify that the statements contained herein are true and correct, and hereby request that River City Casino & Hotel provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play that, the Gaming Activity Report is not an accounting record and is not appropriate for income tax reporting.

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<b>Signature (Required)</b>	<b>Date</b>
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*\*Notary not required if form is requested or presented in person.*

State of: _____ )	Acknowledged before me on this the _____
County of: _____ ) ss	day of _____, _____

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Notary  
(Seal)

Please complete the request form and return it to:	Preferred Delivery Method
River City Casino & Hotel	
Attn: Gaming Activity Report	Fax _____
777 River City Casino Blvd	
St. Louis, MO 63125	Mail _____
Fax Number: (314) 754-1906	
Phone Number: (314) 388-7608	

***Please Allow 2-4 Weeks for Processing Your Request.***