



PECHANGA
RESORT CASINO.

W-2G/1099 REQUEST FORM

This is **NOT** a request for Win/Loss statement; this is a request for copies of IRS form W-2G/1099, please contact the Rewards Club at (951) 770-5741.

Current Name: First Name	M.I.	Last Name	
Former Name (Maiden): First Name	M.I.	Last Name	
Current Mailing Address:			Apt/Space #:
City:		State:	Zip code:
Phone No.:		Alternate Phone No.:	
Player's Club ID #:		Driver's/ID/Passport No.:	
Social Security No. (optional):		Date of Birth:	

Years Requesting: 2016 2015

Delivery Methods: Email Address _____
 (Please select one) Fax Number _____
 Mail to above address

Notes: _____

IMPORTANT

Please allow up to 10 business days to process, and additional days for delivery. Pechanga Resort and Casino (PRC) will not be held responsible for misdirected W-2G forms. The signature below releases PRC from all liability. PRC cannot release information to anyone other than to the original winner stated on IRS form W-2G/1099.

Signature of winner: _____ Date: _____

REGULATORY COMPLIANCE USE ONLY	
RECEIVED DATE:	COMPLETED DATE:
Completed by: _____	

Please mail this form to: Pechanga Resort & Casino, Attn: Regulatory Compliance
 or P.O. Box 9041, Temecula, CA 92589-9041
 FAX: (951) 770-8941