



CLIFF CASTLE CASINO

Always friendly. Always fun.

**ATTN: MARKETING DEPARTMENT
555 MIDDLE VERDE RD
CAMP VERDE, AZ 86322**

PHONE: (928) 567-7900 FAX: (928) 567-7901

REQUEST FOR TAX INFORMATION

PLAYER NAME: _____ **DATE:** _____

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

FAX: _____

(Please provide **ONLY** if you want statement faxed to you)

NOTE: If the above address is new and you would like your records updated, please provide your old address below.

OLD MAILING ADDRESS: _____

TAX YEAR REQUESTED: _____

CASTLE CLUB CARD NUMBER (if known): _____

REQUESTS FOR TAX INFORMATION WILL BE PROCESSED WITHIN 14 DAYS OF RECEIPT.

By signing below, I am requesting that Cliff Castle Casino provide me with my estimated activity for the tax year(s) indicated above. I understand that the information I will receive is an "estimated figure" of my activity.

SIGNATURE: _____

(Required for processing)