

PLAYER INFORMATION REQUEST

Spirit Lake Casino & Resort
7889 HWY 57
St. Michael, ND 58370-9000
Phone: 701-766-4747 Fax: 701-766-1507

REQUEST FOR W-2G FORMS

Please fill in ALL information below:

Name: _____

Address: _____

Phone Number: _____

Fax Number (if applicable): _____

Check here to have your request faxed

Social Security Number: _____

Player's Club Number: _____

Year(s) Requesting:

Check all that apply:

2003	<input type="checkbox"/>	2004	<input type="checkbox"/>	2005	<input type="checkbox"/>	2006	<input type="checkbox"/>
2007	<input type="checkbox"/>	2008	<input type="checkbox"/>	2009	<input type="checkbox"/>	2010	<input type="checkbox"/>

Signature of account holder

Date

PLEASE NOTE: W-2G requests will be mailed within 5 business days. Requests for current year will be year-to-date only. Missing information may result in significant delay in processing your request.

