



Attention: Casino/Revenue Accounting  
1 Mohegan Sun Blvd Uncasville, CT 06382  
Fax 860.862.8213

## Request for W2G & Win/Loss Statement

Please note that submission of this form will ensure delivery of both W2G & Win/Loss statements. Please allow time for delivery through the United States Postal Service, 5 to 10 business days, as we are not able to email or fax tax information. Requests are processed in the order they are received. If you are unsure of the status of your request or need further information please call our W2G and Win/Loss request line at 1-888-226-7711 ext. 27320 or locally at (860) 862-7320 and follow the prompts, please note that this is an automated line and will offer you instructional options or you may leave a message for a representative to call you back during office hours. Calls will be returned in order received, if you require after office hours call back please convey this on your message. Please state your name, Player's Club number, call back number and brief message.

**Please fill out the below Player Information and Address completely including your Signature and Date. Incomplete requests will be delayed pending missing info or rejected. For immediate on-line processing please go to [www.mohegansun.com](http://www.mohegansun.com) "Tax Forms" (Account Number and Pin is required for processing)**

**Year(s) Requested:** \_\_\_\_\_

(If no year is specified we will send information for the last complete calendar year.)

**(A) Process Today** \_\_\_\_\_ **(B) Process End of Month** \_\_\_\_\_ **(C) Process End of Year** \_\_\_\_\_  
(Check one Process selection only, additional requests must be received separately, "Process Today" by default.)

### Player Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Player's Club Account Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Best Time(s) Available: \_\_\_\_\_

(Optional) Host Name: \_\_\_\_\_ (Optional) Member Level: \_\_\_\_\_

### Address:

Apt #: \_\_\_\_\_ Street #: \_\_\_\_\_ Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Change of address required Y/N? \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_