

# AMERISTAR

## CASINO ★ HOTEL

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

*Please print all information clearly.*

First Name	Middle	Last Name	
Street Address	City	State	Zip Code
Last 4 Digits of SSN	mychoice Account Number	Date of Birth (mm/dd/yyyy)	
Phone Number	Tax Year(s) Requested		
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) _____		

### **Acknowledgment**

I certify that the statements contained herein are true and correct, and hereby request that Ameristar Casino Hotel Council Bluffs 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.

**Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_

***\*Notary not required if form is requested or presented in person.***

State of: \_\_\_\_\_ )  
 ) ss  
County of: \_\_\_\_\_ )

Acknowledged before me on this the \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary (Seal)

Please complete the request form and return it to: Preferred Delivery Method

Ameristar Casino Hotel Council Bluffs  
Attn: Gaming Activity Report  
2200 River Road  
Council Bluffs, IA 51501  
Phone Number: (712) 328-8888

Fax \_\_\_\_\_  
Mail \_\_\_\_\_

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