



**REQUEST FOR COPIES OF TAXABLE JACKPOTS**

<b>Name:</b>	<b>Marquee Rewards Account Number:</b>
<b>Social Security Number:</b>	<b>Date of Birth:</b>
<b>Mailing Address:</b>	
<b>City/State/Zip:</b>	
<b>Telephone:</b>	<b>Email Address:</b>
<b>Year Requesting:</b>	

**\*\* Information that is incorrect and needs to be updated, such as Social Security Number, will require you to complete an IRS W-9 Form.**

**I do hereby certify the above information to be true and correct and I hereby authorize Hollywood Casino at Kansas Speedway its Subsidiaries, Affiliates and Agents, to provide to me copies of each taxable jackpot I won during the requested year.**

\_\_\_\_\_  
**Account Holder's Signature**

\_\_\_\_\_  
**Date**

**Methods to request a statement:**  
**Return completed form to Player Services (notary not required)**  
**or**  
**MAIL (request must be notarized)**  
**Hollywood Casino at Kansas Speedway**  
**Attn: Revenue Audit Department**  
**777 Hollywood Boulevard**  
**Kansas City, KS 66111**  
**Please allow 10-14 working days to complete**

**TO BE COMPLETED BY NOTARY PUBLIC**

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_

*Seal*

**Do Not Write Below the line. Hollywood Casino at Kansas Speedway Use Only**

<b>Received By:</b>		<b>Date:</b>	
<b>Completed By:</b>		<b>Date:</b>	