W2G/1042S Tax Summary Request

Please fill out this request form completely and sign. Print clearly using blue or black ink so we can process your request. E-mail your completed request form to the email address below. For mailed requests, please allow up to two weeks to process. For privacy purposes, the requested Tax Summary will be emailed to the address on file that you provided for your Players Club account. ***Please note that we do require a signed form for all requests.***

E-Mail:
WinLossStatements@hrhclasvegas.com

or

Mail:
HR Las Vegas, LLC
Finance
f/k/a Mirage Casino-Hotel
3400 Las Vegas Blvd., So.
Las Vegas, NV 89109

Tax Types: ☐ **W2G** ☐ **1042S**

Today's Date: _____ _____ / _____ _____ / _____ _____ _____ _____

Guest Name_____ _____

First Name MI Last Name

Players Club # _____

Tax Identification # or Social Security # (last 4 digits only: ___ ___ ___ ___

Contact Phone Number: (_____) _____

Email Address: _____

Tax Year(s) Requested: ☐ 2019 ☐ 2020 ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024

I do hereby certify that the information contained herein is true and correct, and I hereby authorize HR Las Vegas, LLC f/k/a Mirage Casino-Hotel, LLC, its Subsidiaries, Affiliates and Agents, to provide my tax summary (W2G or 1042S) for the requested year to me. In consideration for this, I agree to indemnify and hold harmless HR Las Vegas, LLC f/k/a Mirage Casino-Hotel, LLC and its past and present agents, directors, employees, managers, representatives, officers, successors, affiliated persons, organizations and companies from any and all claims, causes of action, liabilities, costs or damages arising from or relating to the information and its release as a result of this request.

Customer Signature: _____

Below Casino Acct Tax Use Only

Date Received: _____/_____/_____ Completed By: _____ Date Completed: _____/_____/_____