



## REQUEST A WIN/LOSS STATEMENT

To request a win/loss statement, please submit all required fields along with your approval and signature.

Email your completed form to [winloss@saracenresort.com](mailto:winloss@saracenresort.com) or mail to Saracen Casino Resort,  
Attn: Accounting, 1 Saracen Resort Drive, Pine Bluff, AR 71601

Name: \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Players Club Card #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Ste/Apt: \_\_\_\_\_

City/Province: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### PLEASE READ AND SIGN BELOW

I hereby certify that the information and statements contained herein are true and correct. I hereby authorize Saracen Development Authority DBA Saracen Casino Resort to provide me with the above checked statement(s). By signing below, I agree to release Saracen Development Authority DBA Saracen Casino Resort, its officers, directors, employees, and agents from and against any loss, cost, expense (including attorney's fees and costs), damages liability or claims of any kind. I agree to indemnify Saracen Development Authority DBA Saracen Casino Resort from and against any and all suits, causes of action, liabilities, costs, losses, damages, and attorney's fees and costs which I or my spouse, administrators, executors, agents, assignees or any third party may have arising out of or relating to this request.

I have executed this request at: \_\_\_\_\_, \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. \_\_\_\_\_

\_\_\_\_\_  
Guest's Authorized Signature



## REQUEST TAX INFORMATION (W2G OR 1099 GAMING)

To request tax information regarding your winning proceeds, please submit all required fields.  
This information can only be request in person or via mail. **If requesting via mail, this form must be notarized.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

Players Club Card #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Ste/Apt: \_\_\_\_\_

City/Province: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### CHECK THE DOCUMENTS AND YEAR YOU WOULD LIKE TO REQUEST:

W2G (Jackpot Winnings)  2022  2023  2024  2025  
 1099 Gaming (Promotional Winnings - Ex. Hot Seat Drawings, etc.)

I hereby certify that the information and statements contained herein are true and correct. I hereby authorize Saracen Development Authority DBA Saracen Casino Resort to provide me with the above checked statement(s). By signing below, I agree to release Saracen Development Authority DBA Saracen Casino Resort, its officers, directors, employees, and agents from and against any loss, cost, expense (including attorney's fees and costs), damages liability or claims of any kind. I agree to indemnify Saracen Development Authority DBA Saracen Casino Resort from and against any and all suits, causes of action, liabilities, costs, losses, damages, and attorney's fees and costs which I or my spouse, administrators, executors, agents, assignees or any third party may have arising out of or relating to this request.

I have executed this request at: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. \_\_\_\_\_

\_\_\_\_\_  
Guest's Authorized Signature

### CERTIFICATE OF ACKNOWLEDGMENT

(To be completed by a certified Notary if submitting this form via mail)

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_  
(name of document signer), proved to me through satisfactory evidence of identification, which was/were \_\_\_\_\_ to be the  
person whose name is signed above, and swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her  
knowledge and belief.

\_\_\_\_\_  
Signature of Notary Public

Place notary seal above

\_\_\_\_\_  
My Commission Expires

**Bring your completed form to Saracen Casino Resort and submit (in person) to the Cashier's Cage, who will verify  
your identity. If submitting via mail, ensure notarization is complete and mail to [winloss@saracenresort.com](mailto:winloss@saracenresort.com) or mail  
to Saracen Casino Resort, Attn: Accounting, 1 Saracen Resort Drive, Pine Bluff, AR 71601**