



700 E Stolley Park Rd ♦ Grand Island, NE 52327 ♦ 308.383.0007 ♦ grandislandresort.com

W2G FORM

Your W2G Form(s) will be sent to your address on record at the Resort Club, or you may pick up your form(s) at the casino. You may verify your current information on file by visiting or calling the Resort Club at 1.844.852.4386, or by contacting your VIP host.

We will compare your data below to your record on file before issuing any information. Please allow at least one week (7 business days) for delivery.

PATRON:

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ ST: _____ Zip Code: _____

Resort Club Card Number: _____ Last 4 Digits SSN: _____

Driver's License Number: _____

DOB: _____ Phone Number: (_____) _____

Tax Year Requested: _____

Method of Delivery: _____ Mail my form(s) to my address on file.
_____ Pick up form(s) at the Cashier's Cage (please allow 72 hours for processing and bring your photo ID.)

The IRS recommends that you keep your own records of your gaming activity.

I do hereby certify that the information contained above is true and correct and I authorize Grand Island Casino Resort to provide me with (a) W2G form(s) of my gaming activity. In consideration of this, I agree to release and hold harmless Grand Island Casino Resort and all of its directors, employees, officers, managers, and all its affiliated companies, persons and representatives from any and all claims, causes of action, liabilities, costs or damages arising for or relating to the information and its release as a result of the request.

Signature: _____ Date: _____

Mail To: Grand Island Casino Resort,
W2G Request Form - Revenue Audit
700 E Stolley Park Rd, Grand Island, NE 68801

Email To: w2grequest@grandislandresort.com

FOR INTERNAL USE ONLY:
PREPARED BY: _____
BADGE #: _____
DATE: _____
DELIVERY: _____ MAILED _____ PICKUP