Please return form to:
Cherokee Nation Entertainment
Attention Corporate Tax - Fleming
777 West Cherokee Street
Catoosa, OK 74015-0399
Fax 918-266-7542

CHEROKEE NATION™ Entertainment

Tax Information Request

Name _____ / _____ Players Club Card # or Employee ID _____
Last Name First Name

Social Security Number _____ Date of Birth _____ / _____ / _____
Month Day Year

Mailing Address _____ / _____
Street Address or P.O. Box Apartment Number

City _____ State _____ Zip _____

Telephone _____ E-mail if applicable _____

Please provide me with a statement of my activity for the tax year: _____

The following document(s): ☐ W2G ☐ W2 ☐ 1099 AP ☐ 1099 Gaming ☐ Win/(Loss) Statement
(Please Check)

I hereby certify that the information and statements contained herein are true and correct and I hereby authorize Cherokee Nation Entertainment, LLC to provide me with the above checked statement(s). By signing below, I agree release Cherokee Nation Entertainment, LLC, its officers, directors, employees, 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 Cherokee Nation Entertainment, LLC from and against any and all suits, causes of action, liabilities, costs, losses, damages, 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.

In witness whereof, I have executed this request at _____, _____
City State

on the _____ day of _____, 20____.

_____
Guests/Employees Authorized Signature

If this form is not presented in person, the signature must be Notarized.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

_____
NOTARY PUBLIC

DO NOT WRITE BELOW THIS LINE. FOR CHEROKEE CASINO USE ONLY

Identification Type	Insert Verification	Verifier's Signature
Social Security		
Photo Identification		
Other Identification		
Notarized		