

CHARLES TOWN RACES & SLOTS

2008

REQUEST FOR STATEMENT OF TAXABLE JACKPOTS

Name:	Players' Choice™ Account Number:
Social Security Number:	Date of Birth:
Mailing Address:	
City/State/Zip:	
Telephone:	Email Address:

**** Information that is incorrect and needs to be updated, such as Social Security Number, will require you stop by the Players' Choice Booth for verification.**

I do hereby certify the above information to be true and correct and I hereby authorize PNGI – Charles Town Races, LLC. its Subsidiaries, Affiliates and Agents, to provide to me a statement listing each taxable jackpot I won during 2008.

Account Holder's Signature

Date

Please leave this form at the Players' Choice Promotions Center

Other methods to request a statement:

MAIL

Charles Town Races & Slots
Attn: Revenue Audit Department
P. O. Box 551
Charles Town, WV 25414

FAX

1-304-724-4256

Do Not Write Below the line. PNGI – Charles Town Races, LLC. Use Only

Date Received:		Date Mailed:	
Statement Year:		Completed By:	