L'auberge CASINO RESORT LAKE CHARLES

GAMING ACTIVITY REPORT & W2-G REQUEST FORM

Please print all information clearly.

First Name | Middle | Last Name

Mailing Address | City | State | Zip Code

Last 4 Digits of SSN | my**choice** Account Number | Date of Birth (mm/dd/yyyy)

Phone Number | Tax Year(s) Requested

Do you request a gaming activity report? Yes___ No___ Year(s) _____
Do you request a copy of your W2-G(s)? Yes___ No___ Year(s) _____

Acknowledgment

I certify that the statements contained herein are true and correct, and hereby request that L'Auberge Lake Charles provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play that, the Gaming Activity Report is not an accounting record and is not appropriate for income tax reporting.

Signature (Required) **Date**

Notary not required if form is presented in person.

State of: _____)
) ss
County of: _____)

Acknowledged before me on this the _____ day of _____, _____

_____
Notary

(Seal)

Please complete the request form and return it to:

L'Auberge Casino Resort Lake Charles
Attn: Gaming Activity Report
777 L'Auberge Avenue
Lake Charles, LA 70601
Fax Number: (337) 395-7280
Phone Number: (337) 395-7568
Email:ldl_winloss@pnkmail.com

Preferred Delivery Method

Fax _____

Mail _____

Email _____

Please Allow 1-3 Weeks for Processing Your Request.