



TURNING STONE
ENTERPRISES

Request for Duplicate Tax Form

To request a duplicate copy of your W-2 G (U.S.) or 1042-S (Foreign) tax form, please **complete this form, sign it and mail to:**

Turning Stone Resort Casino
Attention: Finance Department – Compliance Analyst
5218 Patrick Road
Verona, NY 13478

We will release the duplicate copy to the winner listed on the tax form either by mail to the address on record at TS Guest Services (for TS Rewards Cardholders) or to the address on the tax form(s) (for non-TS Rewards Cardholders), or in person at TS Guest Services at Turning Stone. We will verify that the information you list below is consistent with the information we have on file before releasing any information. **Please allow up to 10 business days to process, and additional days for delivery.**

PLEASE PRINT LEGIBLY

First Name: _____ MI: ____ Last Name: _____
Street Address: _____ City: _____ State: ____ Zip: _____
Phone Number: _____ TS Rewards Number (if applicable): _____
Date of Birth: _____ Last Four Digits of Social Security Number: _____
Driver's License Number/Passport Number: _____

Winner's Signature: _____ **Date:** _____

Date (mm/dd/yyyy) and Location (Turning Stone, Point Place Casino, YBR Casino & Sports Book, The Lake House at Sylvan Beach, SavOn PlayOn) of Win(s)

Method of Delivery: Mail via U.S. Mail
 Pick up at TS Guest Services at Turning Stone (Please bring your government-issued photo ID)

I hereby certify that the information contained above is true and correct, and I authorize Turning Stone Enterprises, LLC to provide me a duplicate copy of the tax form(s) reflecting my gaming activity. In consideration of this, I agree to release an hold harmless Turning Stone Enterprises, LLC, its parent, and affiliates and their respective directors, employees, officers, managers, affiliated persons, and representatives from any and all claims, causes of action, liabilities, costs, or damages arising from or relating to the information provided and Turning Stone Enterprises, LLC's release of information as a result of this request.

For Internal Use:	Received Date:
Completed By: _____	Badge Number: _____
Completed Date: _____	
Delivery Method: <input type="checkbox"/> Mail via US Mail (Date: _____)	<input type="checkbox"/> Pick up at TS Guest Services (Date: _____)
Tracking # (if Mailed): _____	