

Win/Loss Request Form

Request Date: _____

Player Name: _____

Player Signature: _____

Phone #: _____

D.O.B _____

Club Card #: _____

Place an 'X' in the box to select:

- 1) E-Mail
- 2) Fax
- 3) Mail
- 4) Pick-up at Club Barona

E-mail: _____

Fax #: _____

Mailing Address: _____

Last 4 SSN# _____

Drivers License/ID#: _____

(For Verification Only)

Automated Annual Win/Loss Statement: Yes No (Please circle one)

Email

Mail

If email address is not on file, do you approve of mailing to the address on file?

Yes No (please circle one)

Please choose one or more of the following options:

1) Annual Statement:	2) W2G: <i>(Will not be emailed)</i>	3) 1099: <i>(Will not be emailed)</i>
Year(s) 2025	Year(s)	Year(s)
(includes w2g/1099 summaries)	(Actual Copy)	(Actual Copy)



****All information written on form needs to match what is in your Club Barona account in order to process accordingly.****

Date processed: _____

Processed by: _____

Tax Compliance Department
winlostaxform@barona.com

1932 Wildcat Canyon Road
 Lakeside, CA 92040

619-443-2300 * Fax 619-443-1522