

GAMING ACTIVITY REPORT & W2-G REQUEST FORM

Please print all information clearly.

First Name	Middle		Last Name
Street Address	City	State	Zip Code
Last 4 Digits of SSN	PENN Play Account	Number	Date of Birth (mm/dd/yyyy)
Phone Number		Tax Year(s) Requested	
Do you request a gaming ac Do you request a copy of y		s No Yea s No Yea	ar(s) ar(s)
	<u>Acknowled</u>	dgment	
•	e. I understand that it is my own	responsibility to mair	Penn Entertainment, Inc. provide mentain accurate records of play, that the reporting.
Signature (Required)			Date
*Notary not required if form	is requested or presented	in person.	Date
State of:) ss County of:)		Acknowledged	before me on this the
,	,	Notary	(Seal)
Please complete the reques	st form and return it to:	Preferr	ed Delivery Method
		Fax Mail	