

# W-2G/1042-S REQUEST FORM



**Please mail or fax all W-2G and 1042-S requests to:**

**THE COSMOPOLITAN OF LAS VEGAS**

**Attn: Casino Accounting Department**

**3773 Howard Hughes Parkway**

**Las Vegas, NV 89169**

**Fax: (702) 314-3984**

**Phone: (702) 698-7410**

**Please allow up to 2 weeks for completion**

Player's Name: \_\_\_\_\_  
(Last Name) (First Name)

Mailing Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State/Province) (Zip Code)

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Primary) (Alternate)

Last 4 Digits of SSN: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tax Year(s) Requested: \_\_\_\_\_

Listing or Photocopies: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Player or Casino Host)

Comments: \_\_\_\_\_  
(Request details, why signature is not the player, etc.)

## CASINO ACCOUNTING USE ONLY

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_

Date sent to Player: \_\_\_\_\_ Via: \_\_\_\_\_  
(Mail, Fax, Etc.)

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_