

W-2G/1042-S REQUEST FORM



THE COSMOPOLITAN™
of LAS VEGAS

Please email all W-2G and 1042-S requests to:
TCOLV_CasinoAccounting@cosmopolitanlasvegas.com

Casino Accounting Department

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: _____

CASINO USE ONLY

Request received by: _____ Date: _____

Date sent to Player: _____ Via: _____
(Mail, Email)