Please return form to: Cherokee Nation Entertainment Attention Corporate Tax 777 West Cherokee Street Catoosa, OK 74015-0399 Fax: 918-266-8199

Social Security

Photo Identification

Other Identification

Notarized



Tax Information Request

Name	_/P	layers Club Card # _	WRD Players Card #	
Social Security Number	D	ate of Birth		
		Month	Day Year	
Mailing Address				
City	Street Address or P.O. Box	Zin	Apartment Number	
City	State	Ζιρ		
Telephone				
Please provide me with a statement of my activity for the tax year:				
The following document(s): ÁÁ ÁÁÁÁWAV2GÁÁÁÁÁWAV2GÁÁÁÁÁÁÁKAVZGÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁÁ				
I hereby certify that the information and statements contained herein are true and correct and I hereby authorize Cherokee Nation Entertainment, LLC to provide me with the above checked statement(s). By signing below, I agree release Cherokee Nation Entertainment, LLC, its officers, directors, employees, agents from, and against any loss, cost, expense (including attorney's fees and costs) damages, liability or claims of any kind. I agree to indemnify Cherokee Nation Entertainment, LLC from and against any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and costs which I, or my spouse, administrators, executors, agents, assignees or any third party may have arising out of or relating to this request.				
In witness whereof, I have executed th	is request at	City	,	
on theday of	, 20			
	Guests/Employees Authorized Signature			
If this form is not presented in person, the signature must be Notarized.				
SUBSCRIBED AND SWORNTO before me thisday of, 20				
		NOTARY PUBLIC		
DO NOT WRITE BELOWTHIS LINE. FOR CHEROKEE CASINO USE ONLY				
Identification Type	Insert Verification		Verifier's Signature	