



Attention: Casino/Revenue Accounting
1 Mohegan Sun Blvd Uncasville, CT 06382
Fax 860.862.8213

Request for W2G & Win/Loss Statement

Please note that submission of this form will ensure delivery of both W2G & Win/Loss statements. Please allow time for delivery through the United States Postal Service, 5 to 10 business days, as we are not able to email or fax tax information. Requests are processed in the order they are received.

Please fill out the below Player Information and Address completely including your Signature and Date. Incomplete requests will be delayed pending missing info or rejected. For immediate on-line processing, please go to mohegansun.com "Tax Forms" (Account Number and Pin is required for processing)

Year(s) Requested: _____

(If no year is specified, we will send information for the last complete calendar year.)

(A) Process Today _____ (B) Process End of Month _____ (C) Process End of Year _____
(Check one Process selection only. Additional requests must be received separately, "Process Today" by default.)

Player Information:

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Date of Birth: (mm/dd/yyyy) ____/____/____ Momentum Account Number: _____

Social Security Number: _____ - _____ - _____

Telephone Number: (____) _____ - _____ Best Time(s) Available: _____

(Optional) Host Name: _____ (Optional) Member Level: _____

Address:

Apt #: _____ Street #: _____ Street: _____ P.O. Box: _____

City: _____ State: ____ Zip Code: _____ - _____

Change of address required Y/N? _____

Signature: _____ Date: ____/____/____