

RESORTS
CASINO
TUNICA

Duplicate W2G REQUEST FORM

Your request will be completed within 14 business days from the date of receiving the completed written request. The *Duplicate W2G* will be forwarded via mail or fax.

In addition to the completion of the below requested information, you are required to provide a photocopy of your picture ID. If you are requesting this on behalf of someone else, a copy of your power of attorney will also be required.

Name: _____

Address: _____

Date of Birth: _____

Social Security No: _____

Phone#: _____ Fax#: _____

Destination Club Card#: _____

Year Requested: _____

Check One Option: Fax _____ Mail _____

Signature: _____ Date: _____

Fax To: 662 357-2488

Mail To: Resorts Tunica Casino
1100 Casino Strip Blvd.
P O Box 215
Tunica Resorts, MS 38664
Attn: Income Control

Gambling Problem? Call 1-888-777-9696