



**Win/Loss Statement Request**

Printed Name \_\_\_\_\_

Club Greektown Account Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Birth date \_\_\_\_\_

Request Win/Loss Statement for Tax Year Ending \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

All information requested on this form must be filled out completely. Forms not completely filled out will not be honored. Allow four weeks for processing. Signing this form expresses a formal request for this information. Requested information will be sent to the address shown on this request. Greektown Casino assumes no responsibility for the accuracy of the information provided. Greektown Casino assumes no responsibility for information lost in the mail. Requests may be sent to GREEKTOWN CASINO, Attn. AUDIT DEPARTMENT, 555 E.LAFAYETTE AVE. DETROIT, MI 48226

**Greektown Casino Audit Use Only**

**Date Received** \_\_\_\_\_

**Processed By** \_\_\_\_\_

**Processing Completed Date** \_\_\_\_\_