

Meskwaki Bingo-Casino-Hotel
Cage Department
1504 – 305th Street
Tama IA 52339
Fax# 641-484-1542
Phone# 641-484-1415
guesttaxinfo@meskwaki.com

Dear Meskwaki Bingo Casino Hotel Guest:

We are required to have guests complete this form before releasing Annual Activity Reports.

Name: _____

Mailing Address: _____

Street Address

City, State, Zip Code

Phone: () _____

Social Security #: _____ Birth Date: _____

Signature: _____ Date: _____

Items Requesting: W-2G/ 1099 Report ___ Year(s): _____

Win/Loss ___ Year(s): _____ Club Meskwaki # _____

Proof of identity is required. Please provide a copy of your state or government issued photo ID. (Driver's License, State ID, Military ID, Passport, Tribal ID)

How would you like your information sent to you? Items will be mailed unless otherwise noted.

Faxed (Fax #) _____

Emailed (Email Address) _____

Please fax, mail or E-mail this completed form and a copy of your valid photo ID to the above address, attention CAGE DEPT.

Thank you.