



WIN/LOSS STATEMENT REQUEST FORM

NAME: _____ DATE: _____

BALLY'S CARD NUMBER: _____ DOB: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

EMAIL: _____

SOCIAL SECURITY NUMBER: _____

TAX YEAR REQUESTED: _____

SIGNATURE: _____

CIRCLE ONE: MAIL EMAIL PICKUP



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