



Attention: Operational 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. If you are unsure of the status of your request or need further information please call our W2G and Win/Loss request line at 1-888-226-7711 ext. 27320 or locally at (860) 862-7320 and follow the prompts, please note that this is an automated line and it will offer you instructional options or you may leave a message for a representative to call you back during office hours. Calls will be returned in the order received, if you require after office hour call back please convey this on your message. Please state your Name, Momentum account number, call back number and brief message.

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 www.mohegansun.com "My Mohegan Sun" (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:** _____