

REQUEST FOR WIN/LOSS STATEMENT

DATE REQUESTED _____

WHAT YEAR(S) OF PLAY ARE YOU REQUESTING? _____

GUEST'S NAME _____

FUNCARD # _____

SPOUSE'S NAME _____
(IF APPLICABLE)

FUNCARD # _____

MAILING ADDRESS _____

CITY - STATE - ZIP/POSTAL _____

PHONE# (_____) _____

EMAIL ADDRESS: _____

****THE INFORMATION PROVIDED BY BAY MILLS RESORT & CASINOS, SHOULD NOT BE SOLELY RELIED UPON, IF YOU ARE ATTEMPTING TO DETERMINE PROFIT AND LOSS FOR TAX PURPOSES. THE BEST AND MOST RELIABLE INFORMATION REGARDING YOUR PROFIT AND LOSS FOR TAX PURPOSES ARE YOUR OWN PERSONAL RECORDS.