



15201 Running Aces Blvd. Columbus, MN 55025

Phone: 651•925•4600 | Fax: 651•925•4785

Request for Win/Loss Statement and Jackpot Winnings Documentation

Please complete the following information. Failure to complete this form accurately and legibly may delay our ability to provide the requested information.

Today's Date: _____ Aces Rewards Player Card Number: _____

Primary Name: _____

Primary Address: _____

Please select the documents being requested: Win/Loss Statement Jackpot Winnings

Requests will be processed and delivered to the cashier within 10 days. Incomplete requests will not be fulfilled.

For Income Year: _____

Primary Phone Number: _____

Email: _____

Please pick up requested documents at the Cashier. Forms will not be held for more than 60 days. Must have a valid ID to pick up your documents.

By executing this document below I hereby request that Running Aces Casino, Hotel & Racetrack, provide me with the requested win/loss and jackpot documentation for my personal use. I hereby hold Running Aces Casino, Hotel & Racetrack harmless of any errors that may be contained within the requested document, I also understand that the figures contained within the requested document may not be indicative of my complete gaming win and/or loss and is only that of which is recorded while utilizing my personal Aces Rewards Players Card.

By executing this document I verify that I am the primary account holder. I understand that falsifying my identity is a fraudulent act and is punishable by law.

Signature of Primary Account Holder

Date

Running Aces Casino, Hotel & Racetrack is not responsible for the accuracy of this estimate. Consult your tax advisor if you have questions regarding deducting gaming losses on your tax return. Any questions regarding the attached document(s) please speak with a card room manager.

Note: A separate signed request is required for each Aces Rewards Players Card Account.