



Print This Form, Fill It Out, Sign It,  
And Return To Riverside Casino and  
Golf Resort  
*Thank You!*

Riverside Casino and Golf Resort  
3184 Highway 22  
Riverside, IA 52327  
**W2G REQUEST FORM**

**Contact information is below:**

**Mail to:** Riverside Casino & Golf Resort  
W2G Request Form – Revenue Audit  
3184 Highway 22  
Riverside, IA 52327  
**FAX to:** W2G Request Form - Revenue Audit  
319-648-5800  
**Scan & Email to:**  
w2grequest@riversidecasinoandresort.com

Your W2G Form(s) will be sent to your address on record at the Resort Club, or you may pick up your form(s) at the casino. You may verify your current information on file by stopping by the Resort Club at Riverside Casino & Golf Resort, or by contacting your Casino Host. If you do not have a Casino Host, you may call 1-877-677-3456 and ask for the Resort Club.

We will compare your data below to your record on file before issuing any information. Please allow at least one week for delivery.

\_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
**Patron:** First Name (Please Print) MI Last Name  
\_\_\_\_\_  
Street Address City State Zip  
\_\_\_\_\_  
Resort Card Number Last Four Digits of Social Security # Drivers License Number  
\_\_\_\_\_  
Date of Birth Phone Number

**Tax Year(s) Requested (circle the years requested):**

**2017 2016 2015 2014 2013 2012 2011**

**Method of Delivery to you:** \_\_\_\_\_ **Mail my form(s) to my address on file**  
\_\_\_\_\_ **I will pick up my form(s) at the Cashier’s Cage (please allow 72 hours for processing and bring your Photo ID)**

The IRS recommends that you keep your own records of your gaming activity.

*I do hereby certify that the information contained above is true and correct, and I authorize Riverside Casino & Golf Resort to provide me with W2G Form (s) of my gaming activity. In consideration of this, I agree to release and hold harmless Riverside Casino & Golf Resort, and all of its directors, employees, officers, managers, affiliated persons, and representatives from any and all claims, causes of action, liabilities, costs, or damages arising from or relating to the information and its release as a result of this request.*

**Patron Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For RCGR Internal Use:  
Prepared by: \_\_\_\_\_ Badge Number \_\_\_\_\_ Date: \_\_\_\_\_  
Delivery Method (circle one): Mailed via US Mail or Personal Delivery at the Casino