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W2G Request Form

PLEASE PRINT

Name: _____
First Name Middle Name Last Name

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ / ____ / ____

Club Fitz Card Number: _____

Tax Year(s) Requested: _____

I am requesting that Majestic Mississippi, LLC (Fitz Casino & Hotel) provide my W2G form for the year(s) listed above. Valid photo identification must accompany this form. Forms received via fax must include a copy of a valid photo identification.

Player Signature: _____ Date: ____ / ____ / ____

Mail or Fax Form to:
Fitz Casino & Hotel
Attn: Finance Department
711 Lucky Lane
Tunica Resorts, MS 38664
Fax # 662-363-8251

Please allow two weeks for processing. W2G's will be mailed to the address provided above.
Must be 21. Gambling Problem? Call 1-800-522-4799