



Win/Loss Statement Request

Printed Name _____

Club Greektown Account Number _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Alternate Phone _____

Birth date _____

Request Win/Loss Statement for Tax Year Ending _____

Signature _____ Date _____

All information requested on this form must be filled out completely. Forms not completely filled out will not be honored. Allow four weeks for processing. Signing this form expresses a formal request for this information. Requested information will be sent to the address shown on this request. Greektown Casino assumes no responsibility for the accuracy of the information provided. Greektown Casino assumes no responsibility for information lost in the mail. Requests may be sent to GREEKTOWN CASINO, Attn. AUDIT DEPARTMENT, 555 E.LAFAYETTE AVE. DETROIT, MI 48226, or faxed at 313-961-3007

Greektown Casino Audit Use Only

Date Received _____

Processed By _____

Processing Completed Date _____