



Request for Player's Club W-2G / 1042-S Request Form

Please complete this form in its entirety, sign and date, and include a readable picture of yourself while holding your valid photo ID.

If MAIL delivery method is selected, mail both documents to this address:

New Hampshire Group, LLC
Attn: Finance Department
887B Central Ave
Dover, NH 03820

Year(s) Requested (mark all that apply):

2024 2025

Property Location(s) (mark all that apply):

Conway Dover Keene Lebanon Manchester

DELIVERY METHOD:

Mail: If mail is selected, a **readable, clear picture of you holding a valid photo ID** is **REQUIRED** with your request in order to process your requested documents. Requested documents will be delivered by mail to the address on file or the preferred address below.

Yes No

On-Property Drop Off: Visit the Player Services desk at any of our New Hampshire casino locations to request your W2G / 1042-S Statements. Valid photo ID is required at time of drop off. Requests will be processed and available for future pick-up or mailed to address on file or to the preferred address below.

Yes No

GUEST INFORMATION:

Printed Full Name: _____

Rebel Redemption Players Card #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

I request that New Hampshire Group, LLC provide my gaming activity for the time period as indicated. I understand the New Hampshire Group, LLC makes no representation of warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses nor is it intended to take the place of my own records of gaming activity. In consideration of providing this information, I release New Hampshire Group, LLC and its affiliated persons and companies from any and all claims arising from or relating to the information and its release, and further agree to indemnify and hold those entities and persons harmless from any such claim.

Signature: _____ Date: _____

Please Note: This request may take 4-6 weeks to process.

Team Member Use Only:

Player Card Account # _____ Last Name: _____

ID # _____ State Issued: _____

Verified By: _____ TM Badge #: _____

Date Mailed: ____ / ____ / ____ OR Date Provided to Guest by Player Services: ____ / ____ / ____