Please return form to: Cherokee Nation Entertainment Attention Corporate Tax 777 West Cherokee Street Catoosa, OK 74015-0399 Email: Corp.TaxAdmin@cn-bus.com

Other Identification

Notarized



Tax Information Request

Nama		,	Diavara Club C	ard #			
Name	Last Name	/ First Name		aru #	WRD Players Card #		
Social Security			Date of Birth _				
Mailing Addre	SS			Month	Day Year		
		Street Address or P.O. Box	K		Apartment Number		
City		State _	Z	ip			
Telephone							
Please provide me with a statement of my activity for the tax year:							
The following document(s): Á Á∰W2G Á∰₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩							
I hereby certify that the information and statements contained herein are true and correct and I hereby authorize Cherokee Nation Entertainment, LLC to provide me with the above checked statement(s). By signing below, I agree release Cherokee Nation Entertainment, LLC, its officers, directors, employees, agents from, and against any loss, cost, expense (including attorney's fees and costs) damages, liability or claims of any kind. I agree to indemnify Cherokee Nation Entertainment, LLC from and against any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and costs which I, or my spouse, administrators, executors, agents, assignees or any third party may have arising out of or relating to this request.							
In witness whereof	, I have executed th	his request at	City		,State		
on theday	of	, 20					
	Guests/Employees Authorized Signature						
If this form is not presented in person, the signature must be Notarized.							
SUBSCRIBED AND	SWORN TO before	me thisc	lay of	_, 20			
				NOTA	ARY PUBLIC		
DO NOT WRITE BELOW THIS LINE. FOR CHEROKEE CASINO USE ONLY							
Identification Type		Insert Verification	on	Ve	rifier's Signature		
Social Security							
Photo Identification							