



**FEATHER FALLS  
CASINO & LODGE**  
3 Alverda Dr. Oroville, CA 95966  
(530) 533-3885

***Win/Loss, W2G's & 1099 Request***

Please Print Legibly

1) Name: \_\_\_\_\_

First Name

Middle Initial

Last Name

2) Date of Birth: \_\_\_\_\_ 3) Player's Card #: \_\_\_\_\_

4) Phone Number: \_\_\_\_\_

5) Form Requested

W-2G (Jackpot from slots or tables)

1099-misc (From drawings)

\* Win/Loss Statement

6) Tax year(s): \_\_\_\_\_ (Excluding 2024.)

7) How would you like to receive this information? Please allow 10-15 business days.

By Mail (please make sure your address is updated at the players club)

Pickup at the players club

Release to federal or state run entity: \_\_\_\_\_

*\* I understand that win/loss information requested is generated from internal marketing systems from player's carded account and is not intended for tax purposes. I further understand and agree that Mooretown Rancheria d/b/a Feather Falls Casino makes no representation or warranty, expressed or implied, as to the accuracy of this information or its effectiveness as proof of losses and shall not be liable under any circumstances for the accuracy of this information.*

*I do hereby certify that the information and statements contained herein are true and correct. I authorize Mooretown Rancheria d/b/a Feather Falls Casino, its employees and agents, to provide me with the information requested herein or to provide such information to a third party per this request. I agree to indemnify and hold harmless Mooretown Rancheria d/b/a Feather Falls Casino and its past and present elected and appointed officers and officials, members, managers, employees and agents from and against any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and expenses which I or my spouse, administrators, executors, agents, assignees or any third party may have arising out of or relating to this request.*

8) Account Holder's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**Mail your completed form to:**

Feather Falls Casino  
Attn: Title 31 Dept  
#3 Alverda Drive  
Oroville, California 95966

*Or* Bring your completed  
form to the Bonus  
Magic Club booth

*Or* Fax your completed  
form to  
(530) 533-4465

**Internal use only**

DATE RECEIVED \_\_\_\_\_ COMPLETED BY \_\_\_\_\_