

Attention: Corporate Finance 7002 Arundel Mills Circle Suite 7777 Hanover, MD 21076 Identification verified by: Team Member / Badge #

PI ***If you are mailing in y	AL REQUEST FOR TAX ease allow up to 15 bu our request, please DO Requested (Circle): 20	K FORMS AND WIN/LOSS usiness days for receipt v	S STATEMENT ria USPS. the document at the bottom***
Last Name	First Name	Middle Initial	Suffix
Date of Birth: (mm/dd/yyy) Last four of Social Security	Number: xxx-xx-		
Please Circle: MAIL PICK		elephone Number: () _ MD Live Casino)	
Address to mail requested	documents (please w	rite legibly)	
Street Address (including A	ot#) or P.O. BOX		
City, State, and Zip Code			
Signature:			/
Notary – Certificate of Ack	nowledgement – (For		
State/County of:			
Personally appeared,		(Notary Date)	,
Personally known to me –O	(Signers) R—proved to me on th		dence to be the person(s) whose

name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal

(Notary signature and Seal)

W/L Statements for the last three tax years are available via your account at pittsburgh.livecasinohotel.com/myliverewards-portal