



## Request for Player’s Club W-2G Request Form

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

2022       2023

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

Dover       Keene       Lebanon       Manchester

**DELIVERY METHOD:**

W-2G requests are **only delivered by mail** to the address on file. A **clear picture of you holding a valid photo ID is REQUIRED** with your request submission in order to process your requested documents.

**GUEST INFORMATION:**

Printed Name: \_\_\_\_\_

Rebel Redemption Player’s 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:	
Players Account#: _____	Last Name: _____
ID Number#: _____	State Issued: _____
Verified By: _____	Badge#: _____
Date Mailed: __/__/____	OR Date Picked Up: __/__/____