



Oxford Casino guests can have their personal WIN/LOSS Statements sent to them by mail.  
 To Receive your WIN/LOSS Statement, please print and fill out this form.

**WIN/LOSS STATEMENT REQUEST**

Fax or Mail the Completed Form to:

FAX [207-539-6023](tel:207-539-6023)

Mail: Oxford Casino  
 Attn: Guest Service Center  
 777 Casino Way  
 Oxford, Maine 04270

Completed forms may also be dropped off by the requestor at the Guest Service Center (Cashier Cage) at Oxford Casino.

WIN/LOSS statements will be processed beginning the third week of January following the requested year. Please allow up to two business weeks for delivery. If you have any questions, please call 207-539-6789.

I would like to request my WIN/LOSS Statement(s) for the year(s) \_\_\_\_\_ from Oxford Casino

Oxford Rewards Club Account # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Due to Security of Guest Information procedure changes in the Guest Service Center, ALL Win/Loss Statements will be mailed (only) to the address provided on this form (or the address on the guest's account in our records.**

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Note: By signing this request, you have attested that the signature affixed to this document on the above line is the one and same person as the requestor per the printed name above.

**Please note that all fields must be completed in order for the request to be processed.**  
**For questions regarding Win/Loss Statements or this form, please email us at [winloss@oxfordcasino.com](mailto:winloss@oxfordcasino.com)**



Oxford Casino guests can have copies of their W2-Gs sent to them by mail or email. To Receive copies of your W2-Gs, please print and fill out this form.

**W2-G REQUEST**

Fax or Mail the Completed Form to:

FAX 207-539-6023

Mail: Oxford Casino  
Attn: Guest Service Center  
777 Casino Way  
Oxford, Maine 04270

Completed forms may also be dropped off by the requestor at the Guest Service Center (Cashier Cage) at Oxford Casino.

Requests for copies of W2-Gs will be processed as requested and forwarded to guests via mail. Please allow up to two business weeks for delivery. If you have any questions, please call 207-539-6789.

I would like to request a copy of my W2-Gs for the calendar year \_\_\_\_\_.

Oxford Rewards Club Account # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you know the date(s) or amount(s) of any Jackpots won, please list them below.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Note: By signing this request, you have attested that the signature affixed to this document on the above line is the one and same person as the requestor per the printed name above.

**Please note that all fields must be completed in order for the request to be processed. For questions regarding W2-Gs or this form, please email us at [winloss@oxfordcasino.com](mailto:winloss@oxfordcasino.com).**