

W2G/1042S Tax Summary Request

Please fill out this request form completely and sign. Print clearly using blue or black ink so we can process your request. Please allow up to two weeks to process this request once received. You may mail or fax your completed form. For privacy purposes, the requested Tax Summary will be mailed to the address on the file that you provided for your MGM Rewards account. Please note that we do require a signed form for all requests.

Mail: GAA - Accounting & Tax

Fax: 702-669-6121

MGN 880 (nce Shared Ser M Resorts Inter Grier Dr. Vegas, NV 8911	national				
Tax Types:	□ W2 G	□ 1	042S			
Tax Year Req	uested:					
Today's Date:	/_	/				
Guest Name: _	First Name	ml	La	st Name		
Date of Birth:	/	/				
MGM Rewards	s Number:					
Tax Identificat	ion Number or So	ocial Security Nu	mber (last four di	gits only):		
Contact Phone	Number: ()				
Property Reque	ested:					
□ Aria	□ Bellagio	□ Excalibur	□ Luxor	□ Mandala	y Bay	☐ MGM Grand Las Vegas
□ Park MGM	□ New York-	New York □ 7	Γhe Cosmopolitar	of Las Vegas	□ Beau Riv	vage ☐ MGM Detroit
☐ MGM National Harbor ☐ MG		□ MGM Nor	rthfield Park	\square MGM S ₁	pringfield	
Subsidiaries, Aff agree to indemnare presentatives,	filiates and Agents, ify and hold harmle officers, successors	to provide my tax s ess MGM Resorts In e, affiliated persons	rummary (W2G or 1 nternational and its , organizations, and	042S) for the requipast and present a decompanies from a	ested year to me gents, directors, any and all clain	esorts International, its c. In consideration for this, I employees, managers, ns, causes of action, liabilities,
Customer	Signature:					
Below for GAA	Tax Use Only					
Date Received:	/ /	Comple	eted By:		Date C	Completed: / /