



## Shakopee Mdewakanton Sioux Community Gaming Enterprise (d/b/a Mystic Lake Casino Hotel & Little Six Casino)

### Checklist for Handling Third-Party Requests for Information

The Shakopee Mdewakanton Sioux Community Gaming Enterprise (“Gaming Enterprise”) is able to release the types of information listed below to third-parties, provided the proper documentation is submitted, as set forth in this document:

- Win/Loss Statements (last 36 months);
- W-2Gs (subject to federal retention guidelines); and

*(All of the above types of information are collectively referred to hereinafter as, the “Information”).*

*Please note: The IRS requires gamblers to track their own daily activity. Additional information is available through the following link: <https://www.irs.gov/newsroom/irs-tip-sheet-on-gambling-income-and-losses>*

In order for the Gaming Enterprise to release Information to a third-party, the individual seeking the Information must submit the following documentation:

1. For deceased guests:
  - a) a certified copy of the deceased guest’s death certificate; and
  - b) either:
    - i. a copy of Court-approved Letters Testamentary, Letters of General Administration, or Letters of Representation; or
    - ii. an Application for Information (*in the form attached to this checklist as Exhibit I*), showing the individual seeking the Information is entitled to receive it.
2. For all other guests (*besides deceased guests*), either:
  - a) an Authorization to Release Information (*in the form attached to this checklist as Exhibit II*), showing the guest in question has authorized release of the Information; or
  - b) a properly executed Power of Attorney (“POA”), in which the guest, known as the **principal**, has appointed another person or corporation, known as the **attorney-in-fact**, to act as an agent on his/her behalf (*the POA can be the original POA, in which case the Gaming Enterprise will make a copy of the document, or a certified copy of the POA*).

# Exhibit I



## Shakopee Mdewakanton Sioux Community Gaming Enterprise (d/b/a Mystic Lake Casino Hotel & Little Six Casino)

### Application for Information Concerning Deceased Guest

#### Section A – The Deceased

1. Full name of the deceased (*last, first, middle*): \_\_\_\_\_
2. Date of birth (*mm/dd/yyyy*): \_\_\_\_\_
3. Date of death (*mm/dd/yyyy*) (*attach a certified copy of the death certificate*): \_\_\_\_\_
4. Club Mystic Number: \_\_\_\_\_

#### Section B – The Applicant

1. Your full name (*last, first, middle*): \_\_\_\_\_
2. Date of birth (*mm/dd/yyyy*): \_\_\_\_\_
3. Your relationship to the deceased: \_\_\_\_\_
4. Your mailing address: \_\_\_\_\_
5. Your phone number: \_\_\_\_\_

#### Section C – Information Requested

1. Please check the information requested:  
 Win/Loss Statements (only last 36 months available)  
 W-2Gs (by tax year-subject to federal retention guidelines)
2. Indicate the number of months/tax years requested for each category of Information selected above.

Win/Loss Statements: \_\_\_\_\_

W-2Gs: \_\_\_\_\_

# Exhibit I

## Section D – Certification

I hereby certify as follows:

1. that all of the statements made in this application are true to the best of my knowledge;
2. that I am entitled to receive the Information as the surviving spouse or child of the deceased (or if there is no surviving spouse or child, then as the parent of the deceased);  
and
3. that no petition for the appointment of a personal representative for the estate of the deceased is pending or has been granted (or the personal representative has been discharged).

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of the applicant named in  
Section B (sign in ink; do not print).

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

## Exhibit II



### Shakopee Mdewakanton Sioux Community Gaming Enterprise (d/b/a Mystic Lake Casino Hotel & Little Six Casino)

#### Authorization to Release Information

I, \_\_\_\_\_ (insert printed name of guest), \_\_\_\_\_  
(insert Casino Patron ID Number), do hereby authorize and direct the Shakopee Mdewakanton  
Sioux Community Gaming Enterprise to release the Information indicated in Section A to the  
individual or entity indicated in Section B below.

By signing this Authorization, I understand that:

- this Authorization will remain in effect for one year from the date of my signature,  
unless terminated earlier as set forth in this document;
- all prior Authorizations are revoked by this document;
- a photocopy of this Authorization will be deemed valid; and
- I may obtain a copy of, or take action to terminate, this Authorization by sending a

written request to:

Heidi Simon, Compliance Coordinator  
Mystic Lake Casino Hotel  
2400 Mystic Lake Boulevard  
Prior Lake, Minnesota 55372  
Email: [heidi.simon@mysticlake.com](mailto:heidi.simon@mysticlake.com)  
Facsimile: 952-233-2364

#### Section A – Information Authorized for Release

1. Please select the Information authorized for release:

- Win/Loss Statements (only last 36 months available)
- W-2Gs (by tax year-subject to federal retention guidelines)
- Summary Hotel Folios (only last 12 months available)

2. Indicate the number of months/tax years authorized for release for each category of  
Information selected above.

Win/Loss Statements: \_\_\_\_\_

W-2Gs: \_\_\_\_\_

Summary Hotel Folios: \_\_\_\_\_

# Exhibit II

## Section B – Individual or Entity Authorized to Receive Information

1. Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of the guest authorizing the release  
of Information (sign in ink; do not print).

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public