

Signature

Date

06-29-2022

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code		PAYER'S federal identification number		PAYER'S telephone number	
Stadium Casino RE, LLC 900 Packer Ave Philadelphia, PA, USA, 19148		832991557		8334725483	
WINNER'S name		WINNER'S state identification no.		WINNER'S taxpayer identification no.	
SNEHA SINDHUJA BOYAPATI 257257		M7925564		***-**-4084	
Street address (including apt. no.)		14 State winnings		10 Window	
27 E Central Ave Apt G8		\$ 0.00		Three Card 810	
City or town, province or state, country, and ZIP or foreign postal code		16 Local winnings		12 Second I.D.	
Paoli, PA, US, 19301		\$ 0.00			
17 Local income tax withheld		18 Name of locality		For Winners Records	
\$ 0.00		0.00		Copy C	
1		2		3	
Reportable winnings		Date won		Type of wager	
4497.00		06-29-2022		Table Games / \$5.00	
2		3		4	
Date won		Federal income tax withheld		6 Race	
06-29-2022		\$ 10752.00		100	
3		4		5	
Type of wager		Federal income tax withheld		Transaction	
Table Games / \$5.00		\$ 10752.00		100	
7		8		9	
Winnings from identical wagers		Cashier		Winner's taxpayer identification no.	
0.00		Tdugan		3	
8		9		10	
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0.00		Tdugan		3	
7		8		9	
Winnings from identical wagers		Cashier		Winner's taxpayer identification no.	
0.00		Tdugan		3	

Certain Gambling Winnings

Form W-2G 2022

OMB No. 1545-0238

CORRECTED (if checked)

Amount to Pay Payer: 34045.00

Signature

Date

06-29-2022

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Certain Gambling Winnings

Form W-2G 2022

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