| CASH | OTHER | | | 010 11- 1545 0000 | |
|---|------------------------------------|---|--|--|--|
| PAYER'S name, street address, city or town, province or state, country, ZIP or PARIS LAS VEGAS OPERATING COMPANY, D/B/A PARIS LAS VEGAS 3655 LAS VEGAS BLVD SOUTH LAS VEGAS, NV 89109 | | 1 Gross winnings \$ 1,794.00 | 2 Date won 05 01 23 | OMB No. 1545-0238 | |
| | | 3 Type of wager 09 SL .01 | 4 Federal Income Tax withheld \$.00 | Form W2-G | |
| | | 5 Transaction 23420 | 6 Race N/A | Certain Gambling Winnings | |
| | | 7 Winnings from identical wagers N/A | 8 Cashier | | |
| Federal identification number 26-2258774 | Telephone number (702) 731-7626 | 9 Winner's taxpayer identification no. | 10 Window | | |
| WINNER'S name 5138764 ABHIGNA MANDAVA | | 863-81-0947 | MAIN CAGE | Copy B Report this income | |
| | | 11 First I.D. 863810947 | 12 Second I.D. MD10272640762 | | |
| | | 13 State/Payer's state identification n | Paver's state identification no. 14 State Winnings on your federal | on your federal tax | |
| Street address (including apt. no.) | | | | return. If this form shows federal | |
| 198 VAN VORST ST, APT. 503 | | | \$.00 | income tax withheld in box 4 | |
| City or town, province or state, country, and ZIP or foreign postal code | | 15 State income tax withheld | 16 Local winnings | attach this copy to | |
| JERSEY CITY, NJ | 073026312 | \$.00 | \$.00 | your return | |
| | | 15 Local income tax withheld | 18 Name of locality | 7 | |
| | | \$.00 | A CONTRACTOR OF A CONTRACTOR A | | |
| Ctl 0461734 Slip 0459 DOB 3-07-97 DL Exp 0 Under penalties of perjury, I decl correctly identify me as the recipie | | C 541904 JP Seq 1 Chk/Other and belief, the name, address midentical wagers, and that no | .00 | umber that I have furnished portion of these payments. | |
| Signature Date | | | | , | |