

CORRECTED (if checked)

OMB No. 1545-0238

PAYER's name, address, ZIP code, Federal identification number, and telephone number Philadelphia Park GRI 3001 Street Road Bensalem, PA 19020 23-2576990 Phone: 215-639-9000	1 Gross winnings \$810.80	2 Federal income tax \$0.00
	3 Type of wager PK3	4 Date won 01/20/2009
	5 Transaction 0C1310163AA8	6 Race 2
	7 Winnings from identical wagers	8 Cashier
WINNER's name, address (including apt. no), and ZIP code GORDON [REDACTED] [REDACTED] [REDACTED]	9 Winner's taxpayer identification no. [REDACTED]	10 Window
	11 First I.D.	12 Second I.D.
	13 State/Payers state identification no. [REDACTED]	14 State income tax withheld \$0.00
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		Signature > _____ Date > _____

2009
Form W-2G
Certain Gambling Winnings

Copy 1

For State Tax Department

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

OMB No. 1545-0238

PAYER's name, address, ZIP code, Federal identification number, and telephone number Philadelphia Park GRI 3001 Street Road Bensalem, PA 19020 23-2576990 Phone: 215-639-9000	1 Gross winnings \$625.90	2 Federal income tax \$0.00
	3 Type of wager PK3	4 Date won 01/20/2009
	5 Transaction 2C17C4F83AA8	6 Race 3
	7 Winnings from identical wagers	8 Cashier
WINNER's name, address (including apt. no), and ZIP code GORDON [REDACTED] [REDACTED] [REDACTED]	9 Winner's taxpayer identification no. [REDACTED]	10 Window
	11 First I.D.	12 Second I.D.
	13 State/Payers state identification no. [REDACTED]	14 State income tax withheld \$0.00
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		Signature > _____ Date > _____

2009
Form W-2G
Certain Gambling Winnings



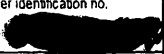

Copy 1

For State Tax Department

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

OMB No. 1545-0238

PAYER's name, address, ZIP code, Federal identification number, and telephone number Philadelphia Park GRI 3001 Street Road Bensalem, PA 19020 23-2576990 Phone: 215-639-9000	1 Gross winnings \$1,940.10	2 Federal income tax \$0.00
	3 Type of wager PK3	4 Date won 01/31/2009
	5 Transaction BC3AA3543AB3	6 Race 7
	7 Winnings from identical wagers	8 Cashier
WINNER's name, address (including apt. no), and ZIP code GORDON  	9 Winner's taxpayer identification no. 	10 Window
	11 First I.D.	12 Second I.D.
	13 State/Payers state identification no. 	14 State income tax withheld \$0.00
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 Signature > _____ Date > _____		

2009

Form W-2G

Certain Gambling Winnings





Copy 1

For State Tax Department

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

OMB No. 1545-0238

PAYER's name, address, ZIP code, Federal identification number, and telephone number Philadelphia Park GRI 3001 Street Road Bensalem, PA 19020 23-2576990 Phone: 215-639-9000	1 Gross winnings \$4,386.90	2 Federal income tax \$0.00
	3 Type of wager PK3	4 Date won 02/02/2009
	5 Transaction 4018DB983AB5	6 Race 4
	7 Winnings from identical wagers	8 Cashier
WINNER's name, address (including apt. no), and ZIP code GORDON  	9 Winner's taxpayer identification no. 	10 Window
	11 First I.D.	12 Second I.D.
	13 State/Payers state identification no. 	14 State income tax withheld \$0.00
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 Signature > _____ Date > _____		

2009

Form W-2G

Certain Gambling Winnings

Copy 1

For State Tax Department

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

OMB No. 1545-0238

PAYER's name, address, ZIP code, Federal identification number, and telephone number Philadelphia Park GRI 3001 Street Road Bensalem, PA 19020 23-2576990 Phone: 215-639-9000	1 Gross winnings	2 Federal income tax
	\$628.80	\$0.00
	3 Type of wager	4 Date won
	PK3	02/07/2009
WINNER's name, address (including apt. no), and ZIP code GORDON [REDACTED] [REDACTED] [REDACTED]	5 Transaction	6 Race
	C831DA003ABA	6
	7 Winnings from identical wagers	8 Cashier
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	9 Winner's taxpayer identification no.	10 Window
	[REDACTED]	
	11 First I.D.	12 Second I.D.
	13 State/Payers state identification no	14 State income tax withheld
	[REDACTED]	\$0.00
Signature >		Date >

2009
Form W-2G
Certain Gambling Winnings

Copy 1
For State Tax Department

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

OMB No. 1545-0238

PAYER's name, address, ZIP code, Federal identification number, and telephone number Philadelphia Park GRI 3001 Street Road Bensalem, PA 19020 23-2576990 Phone: 215-639-9000	1 Gross winnings	2 Federal income tax
	\$727.30	\$0.00
	3 Type of wager	4 Date won
	PK3	02/14/2009
WINNER's name, address (including apt. no), and ZIP code GORDON [REDACTED] [REDACTED] [REDACTED]	5 Transaction	6 Race
	9821B8B03AC1	3
	7 Winnings from identical wagers	8 Cashier
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	9 Winner's taxpayer identification no.	10 Window
	[REDACTED]	
	11 First I.D.	12 Second I.D.
	13 State/Payers state identification no	14 State income tax withheld
	[REDACTED]	\$0.00
Signature >		Date >





2009
Form W-2G
Certain Gambling Winnings

Copy 1
For State Tax Department

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

OMB No. 1545-0238

PAYER's name, address, ZIP code, Federal identification number, and telephone number Philadelphia Park GRI 3001 Street Road Bensalem, PA 19020 23-2576990 Phone: 215-639-9000	1 Gross winnings \$1,330.00	2 Federal income tax \$0.00
	3 Type of wager PK3	4 Date won 02/14/2009
	5 Transaction D026AAFE3AC1	6 Race 4
	7 Winnings from identical wagers	8 Cashier
WINNER's name, address (including apt. no), and ZIP code GORDON  	9 Winner's taxpayer identification no. 	10 Window
	11 First I.D.	12 Second I.D.
	13 State/Payers state identification no. 	14 State income tax withheld \$0.00
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 Signature > _____ Date > _____		

2009

Form W-2G

Certain Gambling Winnings





Copy 1

For State Tax Department

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

OMB No. 1545-0238

PAYER's name, address, ZIP code, Federal identification number, and telephone number Philadelphia Park GRI 3001 Street Road Bensalem, PA 19020 23-2576990 Phone: 215-639-9000	1 Gross winnings \$644.00	2 Federal income tax \$0.00
	3 Type of wager PK3	4 Date won 02/15/2009
	5 Transaction CC2E7F983AC2	6 Race 6
	7 Winnings from identical wagers	8 Cashier
WINNER's name, address (including apt. no), and ZIP code GORDON  	9 Winner's taxpayer identification no. 	10 Window
	11 First I.D.	12 Second I.D.
	13 State/Payers state identification no. 	14 State income tax withheld \$0.00
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 Signature > _____ Date > _____		

2009

Form W-2G

Certain Gambling Winnings

Copy 1

For State Tax Department

Department of the Treasury - Internal Revenue Service