

# W2-G Request Form

PLEASE PRINT WHEN COMPLETING THIS FORM.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date(s) requested for: \_\_\_\_\_  
(i.e., day, month and year)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail or fax this form to:  
Oneida Casino Gaming Accounting  
C/O Accounting Manager  
P.O. Box 365  
Oneida, WI 54155  
Fax: (920) 496-3745

If you have questions about this form or your W2-G Statement, please call  
(920) 429-3322, M-F, 8am-4:30pm.

You can also call 1-800-238-4263, ext. 3251, and leave a voicemail with  
the above information to receive your W2-G Statement.

