

W2-G Request Form



PLEASE PRINT WHEN COMPLETING THIS FORM.

Name: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

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

Signature: _____

Date: _____

Do you want your W2-G Statement (please circle): Mailed Emailed

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-4:00pm.

Please allow 7-10 business days for your request to be processed.