

# 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.