



W-2G TAX FORM REQUEST

Patron Name: _____
First Name Middle Initial Last Name

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone #: _____ **Club Sycuan #:** _____

Social Security Number: _____

Driver's License/State ID Number: _____

- Tax Year(s) Requested:** 2009
 2010
 2011
 Other

To assist us in providing your W-2G forms in time for the current tax year, please submit your request before April 1st. Your W-2G forms will be mailed to the above address provided by you. Please allow 7-10 business days for delivery.

ID Verified by: _____ **Emp #:** _____

Patron Signature: _____ **Date:** _____

Send your completed form to Sycuan Casino via:

Mail:
Sycuan Casino & Resort
Attn: Accounting Dept.
5485 Casino Way
El Cajon, CA 92019

Fax:
Sycuan Casino & Resort
Accounting Department
attn: Lee Tompkins
(619) 445-6002

In Person:
Complete the form at any
Club Sycuan Desk.
*(Club Sycuan Clerk:
Please forward to Accounting)*