



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: 2021 2020 2019 2018 OTHER: _____

Delivery Method:

- Mail
- Pick Up

To assist us in providing your W-2G forms in time for the current tax year, please submit your request before April 1. 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: _____ Employee #: _____

Patron Signature: _____ Date: _____

Send your completed form to Sycuan Casino Resort via:

Mail:

Sycuan Casino Resort
Attn: Accounting Department
5485 Casino Way
El Cajon, CA 92019

Fax:

Sycuan Casino Resort
Accounting Department
ATTN: Kenia Aguilar
619.445.6015

In Person:

Complete the form at any
Club Sycuan Desk
(Club Sycuan Ambassador:
Please forward to Accounting)