



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: ☐ 2025

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:** _____

Mail your Form to:	Sycuan Casino Resort Attn: Club Sycuan 5469 Casino Way El Cajon, CA 92019	Or	Bring your completed form to any Club Sycuan desk.	Or	Complete online at Sycuan.com
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**** Please allow two weeks for processing your request ****

*****To protect your information, we do not take Win/Loss request over the telephone. In addition, all updates to Club Sycuan accounts must be made in person with a current government issued identification. *****