

W-2G TAX FORM REQUEST

	on Name:	MIDDLE INITIAL		LAST NAME
Mail	ing Address:			
City:		State:	Zip Code:	
Tele	ohone: ()	Cluk	Sycuan #:	
Socia	Il Security Number:			
Drive	er's License/State ID Number:			
Tax \	ear (s) Requested: ☐2024			
□м	ery Method: ail ck Up			
	assist us in providing your W-2 re April 1. Your W-2G forms w	ill be mailed to the above	address provided by y	
	·	business days for del	very.	
	erified by:	·		
ID Ve			Employee #: _	