



W2 – G Request Form

Please complete the information requested below and attach a **copy of a valid photo identification card when submitting this request form.**

Fax to: Attention: Revenue Accounting
Fax #: (559) 692 – 5338

OR

Mail to: Chukchansi Gold Resort & Casino
Attention: Revenue Accounting Dept.
711 Lucky Lane
Coarsegold, CA 93614

Please print the requested information requested below.

Full Name:

First

Middle

Last

Mailing Address:

Social Security #:

Rewards Club #:

Year(s) Requested:

Signature:

Date:
