



W2-G Request Form

I request a copy of a W2-G to be mailed to me at the address below.
Please print legibly to help expedite processing of your request.

Requested Tax Year _____

Please check one: Casino Patron Racing Patron

Players Account Number _____

Personal Information

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____
(mm/dd/yyyy)

Street Address _____

City _____ State _____ Zip Code _____

Phone Number () _____

Signature Section

Signature _____ Date _____

Please return to:
Mohegan Sun Pocono
1280 Highway 315
Wilkes-Barre, PA 18702
Attention: Operational Accounting Department

RETURN BY FAX: (570) 831-3541

Please allow 5 days for your request to be processed.

Thank you for playing at Mohegan Sun Pocono. We hope to see you back soon!

Questions/Concerns
Contact Us: (888) 946-4672