



Oxford Casino guests can have copies of their W2-Gs sent to them by mail or email. To Receive copies of your W2-Gs, please print and fill out this form.

W2-G REQUEST

Fax or Mail the C	completed Form to:						
FAX	207-539-6023		Mail:	Oxford Casino Attn: Guest Service Cente 777 Casino Way Oxford, Maine 04270			
Completed formated at Oxford Casino	s may also be dropped o	off by the requ	uestor at th	ie Guest Ser	vice Cente	er (Cashi	er Cage)
	ies of W2-Gs will be pro to two business weeks f		=		-		
I would like to re	quest a copy of my W2-	Gs for the cal	endar year		·		
Oxford Rewards	Club Account #						
First Name		Last Name					
Mailing Address							
City			State		Zip Code	9	
Telephone	()			-	11	•	v the date(s) or amount(s) ackpots won, please list them below.
SIGNATURE					Da	te	

Note: By signing this request, you have attested that the signature affixed to this document on the above line is the one and same person as the requestor per the printed name above.

Please note that all fields must be completed in order for the request to be processed. For questions regarding W2-Gs or this form, please email us at winloss@oxfordcasino.com.