

## **LOTTERY CLAIM FORM**

## NOTICE

A person who claims a lottery prize grants the D.C. Lottery the right to use his or her full name, city, county, and state of residence, prize amount, and photograph or likeness for the purpose of winnings, advertising, and promoting lottery games or goodwill for the D.C. Lottery. 30 DCMR 614.5.

A person commits a criminal offense who falsely makes, alters, forges, counterfeits, presents or alters a lottery ticket with intent to defraud. The willful making of a written false statement to any agency of the District Government is punishable by criminal penalties. Information from this claim form may be required to be released pursuant to the D.C. Freedom of Information Act. D.C. Code 2-531,

Check No.: \_\_\_\_\_

Claim Date:				
Date of Win:				
Claim Numb	er:			
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Check Date: \_\_\_\_\_

All lottery winnings over \$600 are reported to the Internal Revenue Service and are considered income and as such are taxable according to the applicable Federal, District, state and local laws.
Claimant - Complete This Section
1. Name
2. Address First
3. City 4. State 5. ZIP
6. Phone 7. DOB 8. Email Address (optional
9. Claimant 🗆 /Designator 🗅 ID: a) SSN b) Prize Designated to:
c) License  /Non-Driver No.   & State
d) Passport
10. Non-Resident Alien? No ☐ Yes ☐
If yes, Non-Resident Alien No.  certify, under penalties of perjury, that the claimant information listed above is true and correct, that I have reviewed the above Notice, a hat I am the owner of the attached ticket. W-9 Certification – Under penalties of perjury, I certify that (1) the number shown is correct taxpayer identification number; (2) I am not subject to backup withholding, and (3) I have provided the correct citizens information.
Claimant's Signature Date
Lottery Official - Complete This Section
Amount Won: Game Name:
Serial No.:Validation No.:

Check Amount: \$\_\_\_\_\_

Validated by: \_\_\_\_\_ Processed by: \_\_\_\_\_ Approved by: \_\_\_\_\_