WINNING TICKET CLAIM FORM

INSTRUCTIONS FOR CLAIMANT:

1. SIGN and print your name and address on the back of the winning ticket.
2. ONLY complete and sign this form for a single ticket win over $599.
3. Include a copy of your driver's license or government issued photo ID.
4. Retain a copy of this form and ticket if you are mailing your claim form.
5. Mail form with your entire ticket to: PO Box 8687, Boise, ID 83707.
   Do not cut, staple or damage your ticket in any way. Prizes can also be claimed in person at Lottery headquarters: 1199 Shoreline Lane, Suite 100, Boise, ID 83702.

CLAIMANT INFORMATION:

Questions? Contact us at 208-334-2600

FIRST NAME:		**LAST NAME:**	
DATE OF BIRTH:		**SOCIAL SECURITY #:**	- -

Each United States resident who is to receive a payment of winnings $600 or more shall furnish to the Lottery the information required on the Internal Revenue Service Form W-2G (or any other form required by the IRS), including but not limited to the winner's name, address, and social security number. This disclosure is mandatory and the authority for such disclosure is 42 USC 405(c)(2)(C), 26 CFR 31.3402(q)-1(e) and Idaho Code § 56-203E and 67-7437. A winner's social security number will be used for the purpose of identifying child support and tax lien obligors and for submitting required documents to state and federal tax authorities.

ADDRESS:					
CITY:		**STATE:**		**ZIP CODE:**	
Are you a resident of the United States? ☐ **YES** ☐ **NO**		**COUNTRY OF RESIDENCE:**			
PHONE:		**EMAIL:**			

Do you currently (or within the past 6 months) own a Lottery selling location? ☐ **YES** ☐ **NO**
If YES, what is the name/location of the retailer:_____

Do you currently (or within the past 6 months) work for a Lottery selling location? ☐ **YES** ☐ **NO**
If YES, what is the name/location of the retailer:_____
If YES, what is/was your position: _____

Are you related to or live in the same household as someone who owns/works for a Lottery selling location? ☐ **YES** ☐ **NO**
If YES, what is the name of the person: _____
If YES, what is the name/location of the retailer: _____

Are multiple people claiming this prize? ☐ **YES** ☐ **NO**
If YES, how many people are claiming this prize? _____ What is the percentage you are claiming? _____%
The total claimed percentages must add to 100% and <u>cannot</u> be changed once the form is submitted.

Per Idaho Code § 67-7425, it is a felony to willfully omit disclosure or provide false information.

I declare, under penalty of perjury, that I am 18 years of age or older and that all information provided is true and correct to the best of my knowledge. I understand that any person who, with intent to defraud, falsely makes, alters, forges or counterfeits a state lottery ticket is in violation of state law. Pursuant to IDAPA 52.01.01 Section 035, Sub-section 17, the Idaho Lottery may use the name, city and photograph of winners in any Idaho Lottery promotional campaign. Any exceptions to this rule must be submitted to the Idaho Lottery Director, in writing, for approval.

CLAIMANT'S SIGNATURE: _____ **DATE:** _____

IDAHO LOTTERY USE ONLY

TICKET NUMBER: _____ **PRIZE CLAIMED: $**_____

Retailer #: _____ **Retailer Name:** _____

Address: _____ **City:** _____

Sales Rep: _____ **Sales Rep #:**_____ **Date Processed:** _____ **By:** _____