

# Congratulations WINNER !!!

Last Name

DATE

Lottery Use Only

UNDER PENALTIES OF PERJURY, I certify that

- 1) the number shown on this form is my correct United States taxpayer identification number; (or I am waiting for a number to be issued to me); AND
- 2) I am not subject to backup withholding because:
  - (a) I am exempt from backup withholding, or
  - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
  - (c) the IRS has notified me that I am no longer subject to backup withholding, AND
- 3) I am a United States person; U.S. citizen/ U.S. resident alien AND
- 4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Required for single ticket prize over \$600

TAX ID NUMBER (SSN, ITIN, ATIN)

Valid ID REQUIRED to claim all prizes at a Lottery office

TOTAL PRIZE AMOUNT

\$ , , , , . 0 0

X

Signature of United States person

Date

PRINT FIRST NAME

PRINT MIDDLE INITIAL

PRINT LAST NAME

JR, SR, III, etc.

PO BOX or ADDRESS to RECEIVE MAIL

APT, LOT, SUITE, etc.

CITY

STATE

ZIP

DAYTIME TELEPHONE NUMBER

U S CITIZEN

I am claiming for a group

Area Code

YES NO

NO YES

Attach completed IRS Form 5754 with this claim to share the tax obligation with group

DATE OF BIRTH

MONTH DAY YEAR

THIS CLAIM IS PUBLIC RECORD

PRINT Your Name On Your Ticket(s)

TO CLAIM BY MAIL:

Send Original Ticket(s) & Claim Form to:

Louisiana Lottery Corporation  
Attn: Prize Payment  
PO Box 90010  
Baton Rouge, LA 70879-0010

I declare under penalty of perjury, that the name, address, and taxpayer identification number I provided correctly identifies me as the recipient of this prize, and to the best of my knowledge, I am not prohibited by Louisiana Lottery Corporation law from purchasing a ticket or winning a lottery prize. I understand that presenting an altered, forged, or counterfeit lottery ticket in an attempt to defraud, violates state law.

X

Signature of Claimant

Date

Processed by:

Claim Number(s)

Check Number(s)

NUMBER OF TICKETS RECEIVED

FP LOT PB MM P3 P4 P5 E5

## For Lottery Use Only

The undersigned legal representative acknowledges delivery and receipt of the prize described above on behalf of the claimant, and hereby releases the Louisiana Lottery Corporation from any and all claims related to the payment of the prize.

X

LEGAL REPRESENTATIVE'S SIGNATURE



Scratch

LT

MT

HT

W2-G(s) reviewed & received

Check(s) received

Initials

Revised July 2021