## FILING A CLAIM FOR A MICHIGAN LOTTERY PRIZE

The Michigan Lottery will deduct from prize payments of \$1,000 or greater any outstanding debts collectable by the State of Michigan, in accordance with state law.

Once a ticket is presented for payment it becomes the property of the State of Michigan and cannot be returned. If you do not own the ticket you are claiming,

## **STOP HERE**

To file a claim for a Michigan Lottery prize:

- 1. Sign and submit the Lottery ticket.
- 2. Complete and sign the Ticket Receipt Form.
- 3. Provide your original, unexpired picture identification.
- 4. Provide your original social security card.

Michigan Lottery prizes are subject to federal, state, and local income taxes. You may be required to make estimated tax payments by filing a form 1040ES with the Internal Revenue Service. If you have any questions regarding income tax, please contact the Internal Revenue Service at (800) 829-1040, the Michigan Department of Treasury at (517) 636-4486, or your local taxing authority.

Club representatives claiming a prize on behalf of a club must complete a substitute 5754 form in place of the attached Ticket Receipt Form. A substitute 5754 form is available at www.michiganlottery.com; click how to claim prizes. Or by contacting any one of Lottery's claim centers or Player Relations department at (517) 373-1237.

All claimed prizes of greater than \$600 will receive a W-2G at time of prize payment.

In case of lost W-2G form, call (517) 373-6001 and a duplicate W-2G form will be mailed to the address provided at time of prize payment.



## **MICHIGAN LOTTERY**

## **TICKET RECEIPT FORM**

REGION AND CLAIM ID NUMBER

REGION AND CLAIR	M ID NOMBER
LOTFU	L Authorization #

(Not to be used for Lottery club claims)

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IS CLAIMANT A U.S. CITIZEN OR RESIDENT ALIEN BASED ON U	<mark>J.S. TAX LAWS?</mark> 🗌 YE	S NO IF NO - COUNTRY OF F	RESIDENCE:
CLAIMANT'S LEGAL FIRST NAME MI L	AST NAME		SUFFIX
CEASIMAL CEGAE INC. Name	ACT NAME		
SOCIAL SECURITY NUMBER*		0	ATE OF BIRTH
		L.	ONTH DAY YEAR
(PROTECTED BY FEDERAL PRIVACY AND STATE CONFIDENTIALITY LAWS)		, and a second s	NONTH DAT TEAR
MAILING ADDRESS (leave a space between number and street na	me)		
AUTY.		OTATE TIP	0005
CITY		STATE ZIP	CODE
AREA CODE MOBILE PHONE NO. AREA CO	DE SECONDARY CON	TACT PHONE NO. PRIZE	AMOUNT
		\$	,      ,
EMAIL ADDRESS			
EMAIL ADDRESS			
PAYMENT METHOD	the original nurchase	r of the ticket being claimed?	
PAY BY CHECK PAY BY PREPAID CARD YES	☐ NO If No, ple	ase explain:	
DRAW COPY BOTTOM OF TICKET EXACTLY			
GAME	-		
WAGER# LILL LILL LILL LILL LILL LILL LILL LI			
GAME # PACK #	TICKET # V	ALIDATION #	
INSTANT		ALIDATION #	¬
TICKET     -       -		-	
INSTANT GAME # PACK #	TICKET #	/ALIDATION #	ALTERING TICKETS
OR TICKET       -	-     -		SUBJECT TO 5
1101121			YEARS IN PRISON
GAME # DEAL #	TICKET #		
PULL	HOILE I W	VALIDATION #	
		VALIDATION #	
TAB	-	VALIDATION #	
TAB	-		
Under penalties of perjury, I certify that:			USE ONLY
Under penalties of perjury, I certify that:  1. I am the true owner of the Lottery ticket being claimed, and			USE ONLY
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