



WINNER CLAIM FORM

CLAIMANT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)

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CURRENT MAILING ADDRESS

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CITY

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STATE

ZIP CODE

TELEPHONE NUMBER

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SOCIAL SECURITY NUMBER

DATE OF BIRTH

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Instant Games (Copy Game-Book-Ticket number and VIRN from winning ticket)

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Online Games (Copy serial number from winning ticket)

Prize Amount \$ _____

INSTRUCTIONS TO CLAIMANT

1. Please be very careful filling in this form as your claim will be processed using the information you furnish. The ticket is not a winner until it is validated by the Lottery. **PRESS HARD!** The yellow copy is your receipt.
2. Sign this form, complete the back of the ticket and present both to a Claim Center.
3. All prizes can be claimed at the Vermont Lottery. For payment of cash prizes on on-line tickets worth \$500 to \$5,000 and instant scratch-off tickets worth \$101 to \$5,000 contact the Vermont Lottery for additional claim centers.
4. All claims must be made during the Vermont Lottery's business hours, which are 7:45 a.m. until 4:30 p.m., Monday through Friday, except for legal holidays.

STAPLE TICKET AND RECEIPT TO WHITE COPY OF THIS FORM HERE

Are you a US resident? YES ___ NO ___

If no, country of residence for tax purposes _____

Are you an owner or employee of a store that sells Vermont Lottery tickets or do you live in the same household as an owner or employee of a store that sells Vermont Lottery tickets? YES ___ NO ___

If yes, which retailer _____

Employee Owner Manager Family

Was the ticket purchased from that retail location? YES ___ NO ___

Are you an employee of or do you live in the same household as an employee of the Vermont Department of Liquor and Lottery? YES ___ NO ___

IDENTIFICATION SIGHTED

1. _____ 2. _____

Certain portions of this information are subject to disclosure by the Vermont Lottery in accordance with the provisions of V.S.A. Title 1, Chapter 5.

I hereby certify under pains and penalty of perjury that the above information is true and accurate to the best of my knowledge.

Claimant's Signature (Please Verify All Information)

Date

Signature of Claim Center Clerk

Date

TAX INFORMATION

Federal and State regulations require that we report all prizes of \$600.00 and over to tax officials. If the total value of this prize is \$600.00 or over you will receive a W2-G.

Prize is subject to applicable Federal and State tax laws in effect at the time of payment.

If you have any questions please contact the Vermont Lottery at (802) 479-5686 or (800) 322-8800 (within VT).

LOTTERY USE ONLY:

Federal Tax

State Tax

Date Paid _____

Date Paid _____

Check # _____

IRS _____

Initials _____

Initials _____

Amount _____

Amount _____

CLAIM CENTER USE ONLY: Branch # _____ Authorization # _____ ML _____ PP _____