## WINNER CLAIM FORM

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


## CURRENT MAILING ADDRESS

## 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

## 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).


CITY


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


Online Games (Copy serial number from winning ticket)


Prize Amount \$
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
$\square$ Employee $\quad$ Owner $\square$ Manager $\square$ Family
Was the ticket purchased from that retail location? YES $\qquad$ NO $\qquad$
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 $\qquad$ NO $\qquad$

## IDENTIFICATION SIGHTED

1. $\qquad$ 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)

Signature of Claim Center Clerk
LOTTERY USE ONLY:

| Date Paid | Date Paid |  |
| :--- | :--- | :--- |
| Check \# | $\square$ | IRS |
| Initials | $=$ | Initials |
| Amount | Amount |  |

## Date

Date
Federal Tax
State Tax
$\qquad$ Authorization \# $\qquad$ ML $\qquad$ PP

