

DC LOTTERY CLAIM FORM

NOTICE:

A person who claims a lottery prize grants the DC Lottery the right to use his or her full name, city, county, and state of residence, prize amount, and photograph or likeness for the purpose of winnings, advertising, and promoting lottery games or goodwill for the DC Lottery. 30 DCMR 614.5.

A person commits a criminal offense who falsely makes, alter, forges, counterfeits, presents or utters a lottery ticket with intent to defraud. The willful making of a written false statement or any agency of the District Government is punishable by criminal penalties. Information from this claim form may be required to be released pursuant to the DC Freedom of Information Act. DC Code 2-531, et. seq.

All lottery winnings over \$600 are reported to the Internal Revenue Service and are considered income and as such are taxable according to the applicable Federal, District, state and local laws.



Attach DC Lottery Ticket

Claim Date _____ Attempted Validation Date _____ Claim Number _____

Claimant - Complete This Section and The Back of The Ticket(s)

1. Name Mr. Miss Ms. Mrs. Last First

2. Address

3. City 4. State 5. Zip

6. Phone 7. DOB 8. E-mail Address (optional) _____

9. Claimant / Designator ID: a) SSN b) Prize Designated to: _____

c) License / Non-Driver No. & State

d) Other: Medicare (Part A) Passport

10. Non-Resident Alien? No Yes
If yes, Non-resident Alien Number

Lottery Official - Complete This Section

Ticket Information:

CHECK ONE: DC-4 DC-5 Powerball Keno Instant Other _____

Amount Won: _____ Game/Pack Number _____

Serial No. _____ Validation Number _____

Check No. _____ Check Amount \$ _____ Check Date _____

Validated by: _____ Processed by: _____ Reviewed by: _____