

## **LOTTERY CLAIM FORM**

## NOTICE

A person who claims a lottery prize grants the D.C. 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 D.C. Lottery. 30 DCMR 614.5.

A person commits a criminal offense who falsely makes, alters, forges, counterfeits, presents or alters a lottery ticket with intent to defraud. The willful making of a written false statement to 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 D.C. Freedom of Information Act. D.C. Code 2-531,

Date of Win:				
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	+13+	+23+	<b>+23+</b>	

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
Claimant - Complete This Section	
1. Name □Mr. □Mrs. □Ms.□Miss □	st First
2. Address	
3. City	4. State 5. ZIP
6. Phone 7. DOI	8. Email Address (optional)
9. Claimant □ /Designator □ ID: a) SSN	b) Prize Designated to:
c) License □ /Non-Driver No. □ & State	
d) Passport	
10. Non-Resident Alien? No ☐ Yes ☐	
hat I am the owner of the attached ticket. W-9 Certification – L	If yes, Non-Resident Alien No. ted above is true and correct, that I have reviewed the above Notice, and Under penalties of perjury, I certify that (1) the number shown is my backup withholding, and (3) I have provided the correct citizenship
Claimant's Signature	Date
Lottery Official - Complete This Section	
Amount Won:	Game Name:

Amount Won:	Game Name:
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Serial No.: \_\_\_\_\_\_Validation No.: \_\_\_\_\_ Check Amount: \$\_\_\_\_\_ Check No.: \_\_\_\_\_ Check Date: \_\_\_\_\_

Validated by: \_\_\_\_\_ Processed by: \_\_\_\_\_ Approved by: \_\_\_\_\_