

KANSAS LOTTERY WINNINGS

Statement by Person(s) Distributing

Date Won:

Claim Form Reference #

PERSON TO WHOM WINNINGS WERE PAID

| | | |
|-------------------------|------------------|----------------------|
| Name: | Mailing Address: | |
| SSN: | Street/Box: | |
| | City: | |
| | State: | |
| | Zip: | |
| Total Gross Amount Won: | Amount Retained: | Percent of Winnings: |

PERSON(S) TO WHOM WINNING PAYMENTS WERE DISTRIBUTED

| EACH PERSONS INFORMATION | MAILING ADDRESS | SHARE OF | |
|--------------------------|-----------------|--------------|---------|
| | | GROSS AMOUNT | PERCENT |
| Name: | Street/Box: | | |
| SSN: | City: | | |
| | State: | | |
| Signature: | Zip: | | |
| Name: | Street/Box: | | |
| SSN: | City: | | |
| | State: | | |
| Signature: | Zip: | | |
| Name: | Street/Box: | | |
| SSN: | City: | | |
| | State: | | |
| Signature: | Zip: | | |
| Name: | Street/Box: | | |
| SSN: | City: | | |
| | State: | | |
| Signature: | Zip: | | |

PURPOSE OF FORM--This form is to be completed by persons who receive a winning payment from the Kansas Lottery in excess of \$599.00. The information provided enables the Kansas Lottery to properly report winnings to the appropriate taxing authorities.

COMPLETING THE FORM--The person to whom the winnings were paid must complete the top portion and have the person(s) to whom the winners were distributed complete the remainder. Each persons name listed as receiving a portion of the winnings must sign below their respective name.

FILING THE FORM--This form is for the sole purpose of reporting information to the Kansas Lottery. It is NOT to be filed with your State or Federal Income Tax return. The completed and signed form is to be delivered to the Kansas Lottery at 128 N Kansas Avenue, Topeka, KS 66603. Please be sure and keep a copy for your records.