

Congratulations WINNER !!!

Last Name

DATE - -
Lottery Use Only

UNDER PENALTIES OF PERJURY, I certify that

- 1) the number shown on this form is my correct United States taxpayer identification number; (or I am waiting for a number to be issued to me); **AND**
- 2) I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding, or
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - (c) the IRS has notified me that I am no longer subject to backup withholding, **AND**
- 3) I am a United States person; U.S. citizen/ U.S. resident alien **AND**
- 4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Required for single ticket prize over \$600

TAX ID NUMBER (SSN, ITIN, ATIN)

- -

X

Signature of United States person Date

Valid ID REQUIRED to claim all prizes at a Lottery office

PRINT FIRST NAME

TOTAL PRIZE AMOUNT

\$, , , . 0 0

PRINT MIDDLE INITIAL

PRINT Your Name On Your Ticket(s)

PRINT LAST NAME **JR, SR, III, etc.**

TO CLAIM BY MAIL:
Send Original Ticket(s) & Claim Form to:

PO BOX or ADDRESS to RECEIVE MAIL

Louisiana Lottery Corporation
Attn: Prize Payment
PO Box 90010
Baton Rouge, LA 70879-0010

APT, LOT, SUITE, etc.

CITY **STATE** **ZIP**

DAYTIME TELEPHONE NUMBER **U S CITIZEN** **I am claiming for a group**

- - YES NO NO YES

Attach completed IRS Form 5754 with this claim to share the tax obligation with group

DATE OF BIRTH

- -
MONTH DAY YEAR

I declare under penalty of perjury, that the name, address, and taxpayer identification number I provided correctly identifies me as the recipient of this prize, and to the best of my knowledge, I am not prohibited by Louisiana Lottery Corporation law from purchasing a ticket or winning a lottery ticket or winning a lottery prize. I understand that presenting an altered, forged, or counterfeit lottery ticket in an attempt to defraud, violates state law.

THIS CLAIM IS PUBLIC RECORD

X

Signature of Claimant Date

Processed by:

Claim Number(s) Check Number(s)

NUMBER OF TICKETS RECEIVED

FP LOT PB MM P3 P4 P5 E5

For Lottery Use Only

The undersigned legal representative acknowledges delivery and receipt of the prize described above on behalf of the claimant, and hereby releases the Louisiana Lottery Corporation from any and all claims related to the payment of the prize.



Scratch LT MT HT

W2-G(s) reviewed & received

Check(s) received

Initials

X

LEGAL REPRESENTATIVE'S SIGNATURE