

WINNER CLAIM FORM MARYLAND LOTTERY AND GAMING CONTROL AGENCY

Claimant -- Complete This Section: Please Print Legibly (Instructions on reverse side)

1. Name
First Last

2. Address

3. City 4. State 5. ZIP

6. Phone 7. SSN 8. Birthdate

9. Claimant I.D. a) Lic. No.
 b) Other

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

11. Claims Notice

Disclosure of a Social Security Number (SSN) or Individual Tax Identification Number (ITIN) to claim a Lottery prize is generally voluntary. Not providing it may prevent the processing of the claim. For prizes over \$600, the Social Security Code, the Internal Revenue Code, and the Maryland Tax-General Article authorize and require the Lottery to withhold federal and state taxes on these winnings. You must present proof of your social security number and a photo ID proving you are at least 18 years of age. The names on your photo ID and verification of Social Security Number must match exactly on both documents to claim your winnings.

The Lottery also collects SSNs and ITINs in order to comply with State laws related to the interception of prize winnings for unpaid child support, criminal restitution, and Central Collection Unit's debts owed to a State agency or other government entity, as well as to validate and process claims pursuant to the Maryland State Lottery Law and the Lottery's rules and regulations. More information about statutory requirements is on the Lottery's website at www.mdlottery.com.

A person who gives the Lottery personal information has the right to inspect, amend, or correct this personal information, which is not generally available for public inspection without the person's written consent. The Lottery does not transfer personal information or make it available to any other entity, except to certain contractors working with the Lottery who may need the information to perform services to the Lottery; as required by law to various federal and state government agencies; and, for enforcement of criminal laws, to law enforcement agencies.

I certify, under penalties of perjury, that the above information is true and correct, and that I have reviewed the above Claims Notice, and that I am the owner of the attached ticket(s). I acknowledge that certain information on this form may be subject to disclosure under Maryland's Public Information Act.

12. _____ (Claimant's Signature) _____ (Claim Date)

Lottery Retailer -- Complete this section:

1. Lottery Retailer Number

2. Ticket Information:
 a) Circle: **Online Ticket / Instant Winner**
 b) Serial No.
 c) Valid. No.
 d) Date Won
 e) Amount Won \$, ,

3. Securely Attach your Ticket(s) Here.

Have you completed the back of the ticket(s)?

Attach signed ticket to Claim Form. Attach a copy of your identification and proof of Social Security Number when mailing a claim of \$600 and over.

Claimant -- Complete This Section:

I certify under the penalty of perjury that I have received payment in full for my prize as specified above.

_____ (Claimant's Signature) _____ (Claim Date)

For Lottery Use Only

Prize Won <input style="width: 80px;" type="text"/>	Validation No. <input style="width: 150px;" type="text"/>	Processed by: Approved by:
Check No. <input style="width: 80px;" type="text"/>	Check Date <input style="width: 60px;" type="text"/>	

INSTRUCTIONS FOR COMPLETING CLAIM FORM

Use Ball Point Pen

CLAIMANT

1. Enter first name and then last name.
2. Enter Address
3. Enter City
4. Enter State
5. Enter Zip Code
6. Enter Phone Number
7. Enter Social Security Number. Attach a copy of proof of your social security number. Some acceptable forms of identification are: the signed card from the Social Security Administration, a health insurance card containing your name and social security number, a driver's license containing your name and social security number, a medicare card, a military ID, a W-2 G form or a payroll stub issued by the claimant's employer or a 1099 form issued by a bank or other financial institution.
8. Enter Birth Date
9. Enter appropriate ID numbers and type of ID: a) Maryland Driver's License number or b) Maryland Identification Card; U.S. Passport; Foreign Passport (must contain a Serial Number); Driver's License issued by another state, Canada or Mexico (must contain a Serial Number); Identification Card issued by another state; Armed Forces Identification Card; or Resident Alien Card ("Green Card").
10. Check appropriate box and enter Non-Resident Alien Number if applicable
11. Read Claims Notice
12. Attach signed tickets and claim tickets to Claim Form. Attach a copy of your identification and proof of Social Security Number when mailing a claim of \$600 or over.
13. Sign, and Date Claim Form
14. If mailing Claim Form, keep Pink Copy for your records and mail in White and Yellow copies

AGENT

1. Enter Agent Number
2. a. Circle Appropriate Game
b. Enter Serial Number
c. Enter Validation Number
d. Enter Date Won
e. Enter Amount Won
3. Attach signed tickets and claim tickets to Claim Form.
4. Verify Claimant's Social Security Number and ID
5. Review Claim Form for completeness and accuracy
6. Return Claim Form to Claimant for signature to acknowledge receipt of payment
7. Separate Claim Form
8. Place Lottery copy (white) in Claim Envelope and Mail to Lottery
9. Give Claimant's copy (pink) to claimant
10. Retain Agent copy (yellow)

INQUIRIES

**MARYLAND LOTTERY HEADQUARTERS
1800 WASHINGTON BOULEVARD, SUITE 330
BALTIMORE, MD 21230
(410) 230-8730**