



# WINNER CLAIM FORM

CLAIMANT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)

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**CURRENT MAILING ADDRESS**

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CITY

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STATE

ZIP CODE

TELEPHONE NUMBER

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SOCIAL SECURITY NUMBER

DATE OF BIRTH

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Instant Games (copy Game-Book-Ticket number and VIRN from winning ticket)

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Draw Games (copy serial number from winning ticket)

Serial# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fast Play Games (copy serial number from winning ticket)

Serial# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Draw Games and Fast Play games (copy AK from winning ticket)

AK: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Prize Amount \$ \_\_\_\_\_

**INSTRUCTIONS TO CLAIMANT**

1. Please be very careful filling in this form as your claim will be processed using the information you furnish. The ticket is not a winner until it is validated by the Lottery. **PRESS HARD!** The yellow copy is your receipt.
2. Sign this form, complete the back of the ticket and present both to a Claim Center.
3. All prizes can be claimed at the Vermont Lottery. For payment of cash prizes on on-line tickets worth \$500 to \$5,000 and instant scratch-off tickets worth \$101 to \$5,000 contact the Vermont Lottery for additional claim centers.
4. All claims must be made during the Vermont Lottery's business hours, which are 7:45 a.m. until 4:00 p.m., Monday through Friday, except for legal holidays.

STAPLE TICKET AND RECEIPT TO WHITE COPY OF THIS FORM HERE

**TAX INFORMATION**

Federal and State regulations require that we report all prizes of \$600.00 and over to tax officials. If the total value of this prize is \$600.00 or over you will receive a W-2G.

Prize is subject to applicable Federal and State tax laws in effect at the time of payment.

If you have any questions please contact the Vermont Lottery at (802) 479-5686 or (800) 322-8800 (within VT).

Are you a US resident? YES \_\_\_ NO \_\_\_

If no, country of residence for tax purposes \_\_\_\_\_

Are you an owner or employee of a store that sells Vermont Lottery tickets or do you live in the same household as an owner or employee of a store that sells Vermont Lottery tickets? YES \_\_\_ NO \_\_\_

If yes, which retailer \_\_\_\_\_  
 Employee  Owner  Manager  Family

Was the ticket purchased from that retail location? YES \_\_\_ NO \_\_\_

Are you an employee of or do you live in the same household as an employee of the Vermont Department of Liquor and Lottery? YES \_\_\_ NO \_\_\_

**IDENTIFICATION SIGHTED**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Certain portions of this information are subject to disclosure by the Vermont Lottery in accordance with the provisions of V.S.A. Title 1, Chapter 5. I hereby certify under pains and penalty of perjury that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
 Claimant's Signature (Please Verify All Information) Date

\_\_\_\_\_  
 Signature of Claim Center Clerk Date

**CLAIM CENTER USE ONLY:**

Branch # \_\_\_\_\_

Authorization # \_\_\_\_\_

ML \_\_\_\_\_

PP \_\_\_\_\_

**LOTTERY USE ONLY:**

			Federal Tax	State Tax
Date Paid	_____	Date Paid	_____	_____
Check #	_____	IRS	_____	_____
Initials	_____	Initials	_____	_____
Amount	_____	Amount	_____	_____