



WINNER CLAIM FORM

MAIL TO:
HOOSIER LOTTERY
1302 N. MERIDIAN ST.
SUITE 100
INDIANAPOLIS, IN 46202
1-800-955-6886

FOR LOTTERY USE ONLY

DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	CASHIER'S INITIALS
CHECK NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CLAIM NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RETAILER NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INSTRUCTIONS TO CLAIMANT:

- YOU MUST SIGN YOUR NAME ON THE BACK OF TICKET.
 - ON BACK OF TICKET, PRINT YOUR NAME & ADDRESS.
 - COMPLETE ITEMS 7 THROUGH 19 BELOW (PLEASE PRINT).
 - YOU MUST SIGN YOUR NAME ON THE CLAIM FORM.
 - STAPLE TICKET TO THE FRONT OF THE CLAIM FORM.
 - MAIL THE CLAIM FORM TO THE ABOVE ADDRESS.
 - KEEP A COPY OF CLAIM FORM AND TICKET FOR YOUR RECORDS.
 - PROVIDE A COPY OF A GOVERNMENT ISSUED PICTURE I.D.
- For your protection, we suggest you mail your claim by certified mail.

STAPLE TICKET
TO TOP COPY
HERE

PLEASE DO NOT STAPLE THROUGH
ANY NUMBERS OR PLAY SPOTS ON TICKET!

CIRCLE ONE: DRAW GAME OR INSTANT GAME

1. TICKET NO.	<input type="text"/>	2. DRAW DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	(MM-DD-YY)
3. VALIDATION NO.	<input type="text"/>	4. GAME TYPE	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. PRIZE AMOUNT	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00	6. WAGER AMOUNT	<input type="text"/>

7. NAME	<input type="text"/>	LAST NAME - PLEASE PRINT	<input type="text"/>	FIRST NAME	<input type="text"/>	MI	<input type="text"/>
8. ADDRESS	<input type="text"/>						
9. CITY	<input type="text"/>	10. STATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. ZIP CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
12. COUNTY NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. NATION
14. SOCIAL SECURITY NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	15. DATE OF BIRTH
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(MM-DD-YY)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16. US CITIZEN
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

The Hoosier Lottery is required by federal law to obtain the prize winner's social security number for all prizes \$600 or greater in order to report taxes and to comply with IC 4-30-11-11. Winner claim forms cannot be processed without this information.

17. PHONE NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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18. This prize is claimed as follows:

A for myself as the sole winner

B as a member of the winning group designated on the attached IRS Form 5754

C on behalf of the person(s) designated on the attached IRS Form 5754

19. The Hoosier Lottery will withhold Federal and State taxes at the minimum amount required by IRS regulations and Indiana State Law. It is important to understand that the taxes withheld may not cover all of your Federal or State tax obligations. The final tax amount owed will depend on your personal tax situation. As the Hoosier Lottery or its employees cannot provide you with financial advice, we suggest you talk with a professional tax advisor.

Initial here

The Hoosier Lottery may require that you participate in press conferences and other public relations activities.

Under penalty of perjury, I hereby declare that, to the best of my knowledge and belief, the name, address, and social security number provided correctly identify the recipient(s) of the payment of the validated winning ticket and that the purchaser of the ticket is not prohibited by law from purchasing a lottery ticket.

I understand that any person who, with intent to defraud, falsely presents for payment a forged, counterfeit or *altered* ticket is in violation of state law and *may be prosecuted*. I further acknowledge that I have read and understand the information listed above concerning tax withholdings on my lottery winnings received today.

CLAIMANT'S SIGNATURE _____ DATE _____