



WINNER CLAIM FORM and SUBSTITUTE W-9

INSTRUCTIONS TO CLAIMANT

1. Sign back of ticket(s)
2. Complete information below
3. Staple ticket(s) to claim form
4. Retain a copy for your records
5. Mail form with ticket(s) attached to:

WASHINGTON'S LOTTERY
 P.O. BOX 43050
 Olympia, WA 98504-3050

SIGN BACK OF TICKET(S)

STAPLE TICKET(S) HERE

PLEASE DO NOT STAPLE THROUGH ANY NUMBERS
 OR
 PLAY SPOTS ON TICKET(S)

NOTE: Registered, or certified mail is recommended. Washington's Lottery is not responsible for Claim until received at Headquarters.

To claim in person, there are regional offices located throughout the state for your convenience. (Do not mail claim forms or send tickets to regional offices.)

Everett (425) 356-2902	Olympia (360) 664-4720 <small>(Headquarters)</small>	Vancouver (360) 576-6084
Federal Way (253) 661-5050	Spokane (509) 921-2337	Yakima (509) 575-2252

SOCIAL SECURITY NUMBER/ TAXPAYER ID NUMBER	BIRTH DATE	SEX	TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

WINNER LEGAL NAME (Last, First, Middle)

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL ADDRESS

Are you a Lottery Retailer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you employed by a Lottery retailer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you related to a Lottery retailer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a relative/household member of a Lottery employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Substitute W-9 Declaration:

I declare, under penalties of perjury:

1. My Social Security Number/Taxpayer Identification Number is correct
2. I am not subject to backup withholding due to failure to report interest and dividend income
3. I am a U.S. person (includes U.S. resident aliens), and
4. The Foreign Account Tax Compliance Act (FATCA) code entered on this form (if any) is correct.

Exemptions from Backup Withholding:

Codes apply only to certain entities, not individuals; See Instructions:
<https://www.irs.gov/pub/irs-pdf/iw9.pdf>
 Exempt payee code (if any) _____
 Exemption from FATCA reporting (if any) _____
(applies to accounts outside U.S.)

CLAIMANT'S SIGNATURE _____ **DATE** _____

Privacy Notice: The player information requested on this form will be used to validate and process your claim in accordance with Chapter 67.70 RCW and Title 315 WAC. For prizes over \$600 or more, a player's social security or tax identification number is required for tax reporting and withholding purposes pursuant to Internal Revenue Code sections 6011, 6041, 6109, 3402, and the regulations enacted thereunder. Information you provide may be disclosed to state and federal government agencies, including but not limited to: the Department of Social and Health Services, the Department of Revenue, the Employment Security Department, and the Internal Revenue Service.

Washington's Lottery Declaration:

I declare that the name, address, and social security number (taxpayer identification number) furnished correctly identifies me as the claimant of this prize. The ticket attached to this claim is not counterfeit, altered, or forged. Further, I agree to abide by all rules of Washington's Lottery pertaining to payment of this prize with the understanding that my name, city and prize amount are subject to public disclosure laws.

CLAIMANT'S SIGNATURE _____ **DATE** _____