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	Spokane	(509) 921-2337
Federal Way	(253) 661-5050	Vancouver	(360) 576-6084
Olympia (Headquarters)	(360) 664-4720	Yakima	(509) 575-2252

SOCIAL SECURITY NUMBER/ TAXPAYER ID NUMBER | BIRTH DATE | SEX | TELEPHONE NUMBER

WINNER LEGAL NAME (Last, First, Middle)

MAILING ADDRESS

CITY | STATE | ZIP CODE

EMAIL ADDRESS

Are you a Lottery Retailer?	Yes ☐	No ☐
Are you employed by a Lottery retailer?	Yes ☐	No ☐
Are you related to a Lottery retailer?	Yes ☐	No ☐
Are you a relative/household member of a Lottery employee?	Yes ☐	No ☐

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** _____

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** _____