

Winner Claim Form

Instructions to Claimant:

- Please print legibly in black or blue ink.
- Complete items 1-8 and sign bottom of form.
- Fill out and sign back of ticket.

1. Social Security Number, ITIN, or FEIN*Name and Taxpayer ID# provided must match with				- [-														
2. LEGAL Name of Winner and Mailing Address Name printed here must exactly match name on ticket. Include spaces as needed.																					
Iname printed here must exactly match name on tick	et. Include sp	aces a	s needed	a. 			_														
Last		F	irst														MI				
Address										Apt # (if any)											
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City				_		_		-			_					State	;				
	.	-									-		-								
ZIP Code Telephone Numb	er							[Date o	f Birt	:h (MN	И-DD)-YYY	Y)							
3. Are you an employee or owner of any business that sells Lottery products? Yes No																					
If yes. Employer: Contact																					
Address Number																					
4. Citizenship (Check One) 5. Identification																					
US Citizen – MUST provide Social Security Number in #1 above. Driver's License Passport Other Resident Alien – MUST provide Social Security Number in #1 above.									ner _												
- ' ' '																					
Non-Resident Alien – please provide country of citizenship: Number State/Country																					
6. Privacy Act Notice			Numbe										.a.c/C		y 						
By my signature hereto, I indemnify the Colorado Lottery for any loss which may result if any of the foregoing information is not true and accurate. I understand that the Colorado Lottery is a state agency and therefore my name, city of residence and prize amount is public record and may be made available for public information. Under penalty of perjury, I declare that to the best of my knowledge and belief,																					
(A) the information provided in items 1-5 above is accurate, and correctly identifies me as the recipient of this payment, and																					
(B) I am not a person disqualified by statute or regulation from claiming and/or accepting a prize from the Lottery; and that: (CHECK ONE)																					
 No other person is entitled to any part of these payments; OR □ The information provided on the attached form 5754 correctly identifies each person entitled to any part of this payment. 																					
*SOCIAL SECURITY NUMBER REQUIRED if the amount of any one prize is \$600 or more. If you do not provide the Lottery with a tax identification number and elect not to report your residency status, your prize will be subject to the Internal Revenue Service non-resident withholding requirements. Disclosure of your social security number is required for tax reporting and withholding purposes, pursuant to 42 U.S.C. § 405(c)(2)(C), 26 U.S.C. § 3402(q), 26 U.S.C. § 6041, and § 39-22-604, C.R.S. Colorado law also requires the Lottery to check social security numbers for the purpose of enforcing state lottery winning offsets, including those related to child support, obligations identified by the judicial department, and certain state debts. §§ 44-40-113, -114, C.R.S. If you are in arrears, the Lottery is required to withhold the amount in arrearage or the entire prize, whichever is less.																					
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The Colorado Lottery will post my first name, first initial of my last name, hometown, the prize amount won, and							,		ns: Pla		,					∫Ma] ⊑or	male				
the game I played on the Colorado Lottery's website.	Cash An	nuity	Undeci	ded	beco	ming	entitle	d to a	prize t	o elec	ct a pa	ymen	t optic	n.] Fei	пане				
Claimant's Signature												Date	е								
LOTTERY USE ONLY BELOW THIS LINE																					
Claim Number	Employee In				TAL VA						D										
Warrant Number	Security Initia	als			\$																
Stock Number	Date of Clain	n		Wi	nning Scratc		_	_	orado	Lotto)+	□с	ash 5	5 [Pc	wer	Ball				
Notes	Accurint Che	rked -	Initials		Mega	Millio	ns [Pick	k 3			L	ucky	for Lif	е						
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