



WINNER CLAIM FORM

Instructions are on the back of this form.
For more information, visit our website at mslotteryhome.com

Please complete in pen and submit a copy of your identification.

SECTION 1. CLAIMANT - COMPLETE THIS SECTION:

1. U.S. SOCIAL SECURITY NUMBER OR U.S. TAX IDENTIFICATION NUMBER: --

2. CLAIMANT TYPE: (CHECK ONE)
 Individual Corporation Partnership Trust Estate Non-Profit
 Individual claiming for a group - IRS Form 5754 must accompany presented claim

3. NAME: Mr. Ms.
 First Middle
 Last

4. DATE OF BIRTH: / /

5. CITIZENSHIP: (CHECK ONE) A. U.S. citizen or resident alien B. Not a U.S. citizen; not a resident alien
 (Required if Answer B is checked:) COUNTRY OF CITIZENSHIP:

6. MAILING ADDRESS:

7. CITY: 8. STATE:

9. ZIP CODE: - 10. COUNTY:

11. CONTACT PHONE NUMBER: --

I understand that any person, with intent to defraud, who falsely makes, alters, forges, utters, passes or counterfeits a state lottery ticket is in violation of Miss. Code Ann. § 27-115-75 and shall be punished by imprisonment for not less than one (1) year and not more than twenty (20) years, by a fine of not more than Fifty Thousand Dollars (\$50,000), or by both such fine and imprisonment. I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identifies me as the recipient of this payment.

YOU MUST CHECK YES OR NO FOR EACH OF THE FOLLOWING:

YES NO

- I am claiming this prize as the only recipient of these payments.
- I am claiming this prize as a member of a winning group designated on the attached IRS Form 5754 (Please see back).
- I understand and agree to allow the Mississippi Lottery Corporation, its retailers and advertising agencies, and news media to disclose my identity and to use my name and photograph for reproduction in any medium they see fit for the purposes of advertising, display, exhibition or editorial use.

By signing below, I certify that I am not an officer, owner or partial owner of a business that sells Mississippi Lottery tickets and that all information I have provided is truthful and accurate.

CLAIMANT'S SIGNATURE: _____ DATE: _____

FOR LOTTERY USE ONLY:

STAPLE WINNING TICKET TO LOTTERY COPY OF CLAIM FORM.

CLAIM NUMBER:

AMOUNT PAID:

ENTERED BY: _____ VERIFIED BY: _____



PRIZE CLAIM INSTRUCTIONS

PRIVACY ACT NOTICE

AUTHORITY: Miss. Code Ann. §§ 27-115-43 and 27-115-45 authorizes the collection of personal information, including a prize winner's social security number.

PURPOSE: The Mississippi Lottery Corporation (MLC) will use this information for the purpose of income tax withholding as required by Miss. Code Ann. § 27-115-43 or for the collection of outstanding child support payments or debts owed to the State of Mississippi as required by Miss. Code Ann. § 27-115-45.

ROUTINE USES: The information will be used by and disclosed to MLC personnel and contractors who need this information to assist in the withholding of taxes or collection of debts as set forth above. Additionally, the MLC may share this information with Mississippi governmental agencies as necessary to effectuate the purposes of the code sections referenced above.

DISCLOSURE: Furnishing this information (including your social security number) is voluntary; however, failure to furnish the required information will result in the delay in payment or denial of your prize claim.

INSTRUCTIONS FOR CLAIMING YOUR PRIZE

COMPLETE AND SIGN THE BACK OF THE ORIGINAL TICKET.

Payment will be made to the person whose name appears on the back of the ticket.

WHERE TO CLAIM:

1. Winning tickets may be validated at any retailer or Lottery office.
2. Prizes up to \$599.99 may be paid at any Lottery retailer.
3. If claimed from retailers, winning tickets valued at \$20 or less shall be paid with cash. Retailers may pay winning tickets valued at \$20.01 up to \$599.99 with cash, a business check, or money order. Retailers may not charge you a fee for a payment of a prize.
4. Prizes up to \$99,999.99 may be paid by visiting the Mississippi Lottery Corporation office or by mail by submitting the original ticket, the original Winner Claim Form, and a photocopy of two acceptable forms of identification to:
Mississippi Lottery Corporation, Claims Processing, P.O. Box 321462, Flowood, MS 39232.
5. **TRACKABLE METHODS OF MAILING ARE RECOMMENDED.** The risk of loss for mailing tickets remains with the player.
6. Prizes of \$100,000.00 or more must be submitted for payment in person at the Lottery headquarters at 1080 River Oaks Drive, Suite B-100, Flowood, MS 39232.
7. Any validated winning ticket submitted to MLC headquarters for payment shall be paid by check or electronic funds transfer (EFT), except for free ticket prizes and prizes of \$50 or less (which will be paid in cash). For EFT, you must provide a voided check from the account into which the funds will be deposited, or a letter from the bank detailing the name on the account, the account number and the bank's routing number.

COMPLETING THE WINNER CLAIM FORM:

1. Complete Section 1 in the name of one individual or one entity. The name and taxpayer identification number (TIN) used must match the name used with the Internal Revenue Service.
2. For information on how to claim as a group or to obtain Form 5754, call 1-800-829-1040 or visit the IRS website at www.irs.gov. All members of the group are subject to the Lottery Act and Lottery rules and regulations, and must complete the Winner Claim Form and provide required identification.
3. For prizes paid to a legal entity, each individual must comply with the Mississippi Lottery claims procedure.
4. After reading the printed statement, sign and date the Winner Claim Form where provided. If you are signing as a legal representative of an entity, please provide your title.
5. For all claims up to \$599.99 a valid form of identification from the list below verifying age will be required. For all claims \$600 or more, documentation to validate the claimant's Tax Identification Number (TIN) or Social Security Number, which must be a computer-generated document, will also be required. A non-resident alien individual or foreign entity will have taxes withheld at the prevailing rate on winnings of \$600 or more regardless of the status of the TIN.

Federal income tax withholding will be deducted from prizes exceeding \$5,000. State income tax and certain debt, including, but not limited to, those owed to a State agency and unpaid child support, will be deducted from prizes of \$600 and above.

ACCEPTABLE FORMS OF IDENTIFICATION: (please provide one current form of ID from list A and one form of ID from list B.)

List A

- State issued drivers license
- Military or federal-issued identification card
- State issued identification card
- Voter's registration identification card
- Passport
- Alien registration receipt card
- Tribal identification card

List B

- Social security card
- Pay stub (must include taxpayer ID number)
- Tax form

The Claim Center is located at 1080 River Oaks Drive Bldg. B-100, Flowood, MS 39232. Hours of operation 9 a.m. to 5 p.m. Monday through Friday, except company holidays. Please arrive by 4:30 p.m. Instant game prizes must be claimed within 90 days after the announced end of game date. Drawing-style game prizes must be claimed on or before 180 days after the official winning drawing. For more information, call 855-946-4667.

