

## WINNER CLAIM FORM

Instructions on the Back of this Form Visit a Georgia Lottery District Office

Or Mail to:

Georgia Lottery Corporation P.O. Box 56966 Atlanta, GA 30343 STAPLE WINNING TICKET HERE

**CLAIM NUMBER** 

PLEASE DO NOT STAPLE THROUGH ANY NUMBERS, BARCODE OR PLAY AREA ON THE TICKET!

For more information, visit our website at www.galottery.com

CLAIMANT - COMPLETE THIS SECTION			
1. NAME AS LISTED WITH THE INTERNAL RE			
MS.			
2. CLAIMANT TYPE (CHECK ONE) INDIVIDUAL CORPORATION PARTNERSHIP TRUST OTHER			
3. ADDRESS			
4. CITY	5. ST.	ATE 6. ZIP CODE	
7. COUNTY OR PROVINCE		8. DATE OF BI MM-DD-YY	
9. CITIZENSHIP (CHECK ONE)  10. PHONE NUMBERS			
U.S. CITIZEN/RESIDENT ALIEN	N	HOME	-     -
OTHER (IF YOU CHECKED "OTHER" PROVIDE C	COUNTRY OF CITIZENSHIP)	OTHER	
		11. E-MAIL	
Pursuant to the Georgia Open Records Act, a prize winner's name, city, county, and state of residence and the amount of the prize won shall be regarded as matters of public record, which will be released by the Georgia Lottery Corporation (GLC). Accordingly, you will be asked to participate in interviews with GLC public relations personnel and media. This form acts as permission to use your name, photograph, quotes and likeness on the GLC website and in promotions of the GLC.			
12. U.S. SOCIAL SECURITY NUMBER OR TAX	IDENTIFICATION NUMBER		
In making this claim and under penalties of perjury, I certify to the best of my knowledge and belief that a) the U.S. Social Security Number or Tax Identification number shown on this form is correct, b) I am not subject to backup withholding due to failure to report interest and dividend income, c) all other above information is true and correct, and identifies me as the recipient of this claimed prize, and d) that I am not prohibited by Georgia Law from purchasing a Lottery ticket.  The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.			
The Internal Revenue Service does not require yo	ar consent to any provision or t	ins document other than the certification	nis required to avoid backup withholding.
13. CLAIMANT SIGNATURE			DATE
FOR LOTTERY USE ONLY:			
14. DISTRICT OFFICE NO.			16. DATE
17. TYPE OF I.D. NUMBER	MANT'S PERSON	AL IDENTIFICATION  TYPE OF I.D.  NUMBER	)
18. INSTANT TICKET NUMBER		19. INSTANT TICKET VALIDA	ATION NUMBER
(on back of ticket above the bar code)		(covered number on the lower pla	
20. ON-LINE TICKET SERIAL NUMBER (on the bottom front of the on-line ticket)			
21. Processed By:	Date:	22. Prize Amount: \$	23. CheckAmount: \$
24. Check No: Received By:	·	Claimant Signature	Date:
Claimant Signature Substitute Form W-9			

## INSTRUCTIONS TO FILE YOUR WINNER CLAIM FORM:

You may claim prizes of any amount at any of the Georgia Lottery Offices listed below. Complete steps 1 through 4 below to personally file your claim at any of our offices. Office Hours are 8:30 a.m. to 5:00 p.m., Monday thru Friday. Please allow one to three hours to process claims valued \$5,000 to \$499,999.00. Prizes of \$601 to \$249,999 claimed at GLC headquarters or district offices are paid the same day. Winners claiming prizes of \$250,000 to \$499,999 should plan to arrive at GLC headquarters or district offices by 4 p.m. for sameday payment; winners who arrive after 4 p.m. will be paid the following business day. The payment of prizes of \$500,000.00 or more shall be made on a date subsequent to the date of the prize claim submission. Federal and State Income Tax Withholding will be deducted from prizes exceeding \$5,000. Child Support Services debts in excess of \$100.00 will be deducted from prizes \$2,500.00 or more, net of wager or ticket cost. Other outstanding State debts in excess of \$100.00 (e.g. Department of Education and Department of Revenue debts) will be deducted from prizes \$5,000.00 or more, net of wager or ticket cost. You may also claim your prize through the mail by completing steps 1 through 5 below.

- 1.) Complete and sign the back of the ticket. The ticket must be completed in the name of one individual or legal entity (i.e., Corporation, Partnership, etc.)
- 2.) Complete the Claimant Section of the Winner Claim Form (1 through 13). The Winner Claim Form must be completed in the name of one individual or legal entity. The name and tax identification number must match the name and tax identification number used with the Internal Revenue Service.
- 3.) After reading the printed statement, sign and date the Winner Claim Form in the spaces provided. If you are signing as a representative of a legal entity, provide your title.
- 4.) For Claims over \$600.00, you will need to present two forms of identification to verify your name, signature and social security number, preferably a Driver's License and Social Security Card. The combined forms of I.D. must verify your name, signature and social security number. The following is a list acceptable forms of identification:

Driver's License Social Security Card Georgia Identification Card
Passport Identification Card issued by another State U.S. Student Identification Card

U.S. Resident Alien Card U.S. Armed Forces Identification

5.) If you would like to file your claim by mail, please mail the completed Winner Claim Form, original ticket and copies of two forms of identification to:

Georgia Lottery Corporation P.O. Box 56966 Atlanta, GA 30343

Retain a copy of the completed Winner Claim for your records.

## **GEORGIA LOTTERY OFFICES**

AtlantaDaltonMacon250 Williams StreetMarket Street Shops of Dalton1693 Bass RoadAtlanta, Georgia 303031001 Market StreetMacon, Georgia 31210(404) 215-5000Suite 21(478) 784-5420

Dalton, GA 30720

Augusta (706) 278-3088

Village at Hereford Duluth Lawrel Hill Village
5155 Columbia Road 1680 Executive Drive South 101 Little Neck Road
Suite 103 Suite 800 Hwy 19 South

Grovetown, GA 30813 Duluth, Georgia 30096 Savannah, Georgia 31419

(706) 737-1320 (770) 923-0220 (912) 920-5100

Columbus Hartsfield-Jackson Atlanta International Airport Tifton

The Landings at Airport Thruway North & South Baggage Claim 2406 Tift Avenue North

 2517 Airport Thruway
 (Claim up to \$25,000 - call for extended hours)
 Suite 101

 Columbus, Georgia 31904
 Atlanta, Georgia 30320
 Tifton, Georgia 31794

 (706) 660-2380
 (404) 762-8842
 (229) 382-2430

For more information visit our website at www.galottery.com or call: 1-800-GALUCKY (1-800-425-8259)

Savannah