WINNER CLAIM FORM

INSTRUCTIONS TO CLAIMANT

1. Please be very careful filling in this form as your claim will be processed using the information you furnish. The ticket is not a winner until it is validated by the Lottery. PRESS HARD! The yellow copy is your receipt.
2. Sign this form, complete the back of the ticket and present both to a Claims Office.
3. All prizes can be claimed at the Vermont Lottery. For additional claim centers for cash prizes on on-line tickets worth $500 to $5,000 and instant scratch-off tickets worth $101 to $5,000 contact the Vermont Lottery.
4. All claims must be made during the Vermont Lottery's business hours, which are 7:45 a.m. until 4:30 p.m., Monday through Friday, except for legal holidays.

CLAIMANT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)

CURRENT MAILING ADDRESS

CITY

STATE ZIP CODE TELEPHONE NUMBER

SOCIAL SECURITY NUMBER DATE OF BIRTH

Online Games (CopyTicket number from winning ticket) Prize Amount

$_____

Instant Games (Copy Book/Ticket number and VIRN from winning ticket)

0 4 – – – –

STAPLE TICKET AND RECEIPT TO WHITE COPY OF THIS FORM HERE

Are you a US citizen? YES ____ NO_____

If no, country of residence for tax purposes _____

Are you associated with a Vermont Lottery retailer? YES ____ NO_____

If yes, which retailer _____

and how _____

IDENTIFICATION SIGHTED

1. _____ 2. _____

Certain portions of this information are subject to disclosure by the Vermont Lottery Commission in accordance with the provisions of V.S.A. Title 1, Chapter 5.

_____ _____

Claimant's Signature (Please Verify All Information) Date

_____ _____

Signature of Claim Center Clerk Date

TAX INFORMATION

Federal and State regulations require that we report all prizes of $600.00 and more to tax officials. If the total value of this prize is $600.00 or more you will receive a W2-g.

If you have any questions please contact the Vermont Lottery at (802) 479-5686 or (800) 322-8800 (within VT).

LOTTERY USE ONLY:			**Federal Tax**	**State Tax**
Date Paid	_____	Date Paid	_____	_____
Check #	_____	IRS	_____	_____
Initials	_____	Initials	_____	_____
Amount	_____	Amount	_____	_____

CLAIM CENTER USE ONLY: Branch #_____ Authorization # _____