

# Congratulations WINNER !!!

Last Name DATE  -  - 

Lottery Use Only

**UNDER PENALTIES OF PERJURY, I certify that**

- 1) **the number shown on this form is my correct United States taxpayer identification number;** (or I am waiting for a number to be issued to me); **AND**
- 2) **I am not subject to backup withholding** because:
- (a) I am exempt from backup withholding, or
  - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
  - (c) the IRS has notified me that I am no longer subject to backup withholding, **AND**
- 3) **I am a United States person;** U.S. citizen/ U.S. resident alien **AND**
- 4) **I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.**

Required for single ticket  
prize over \$600**TAX ID NUMBER (SSN, ITIN, ATIN)** -  - **NÚMERO DE IDENTIFICACIÓN FISCAL**Valid ID **REQUIRED** to claim  
all prizes at a Lottery office**X****Signature** of United States person**Date****PRINT FIRST NAME IMPRIMIR NOMBRE DE PILA****TOTAL PRIZE AMOUNT**\$  ,  ,  ,  .  **PRINT LAST NAME IMPRIMIR APELLIDO JR, SR, III, etc.****PO BOX or ADDRESS to RECEIVE MAIL DIRECCIÓN PARA RECIBIR CORREO****APT, LOT, SUITE, etc. NÚMERO DE APARTAMENTO****CITY CIUDAD ESTADO STATE ZIP CÓDIGO POSTAL****DAYTIME TELEPHONE NUMBER U S CITIZEN I am claiming for a group / Estoy reclamando para un grupo** -  -  ☐ YES ☐ NO ☐ NO ☐ YES Attach completed IRS Form 5754 with this claim  
to share the tax obligation with group

CÓDIGO DE ÁREA

**DATE OF BIRTH** -  - 

MONTH DAY YEAR

THIS CLAIM IS PUBLIC RECORD

I declare under penalty of perjury, that the name, address, and taxpayer identification number I provided correctly identifies me as the recipient of this prize, and to the best of my knowledge, I am not prohibited by Louisiana Lottery Corporation law from purchasing a ticket or winning a lottery ticket or winning a lottery prize. I understand that presenting an altered, forged, or counterfeit lottery ticket in an attempt to defraud, violates state law.

Processed by:

**X****Signature of Claimant/Firma****Date/Fecha**

Claim Number(s)

Check Number(s)

NUMBER OF TICKETS RECEIVED

FP LOT PB MM P3 P4 P5 E5

**For Lottery Use Only**

The undersigned legal representative acknowledges delivery and receipt of the prize described above on behalf of the claimant, and hereby releases the Louisiana Lottery Corporation from any and all claims related to the payment of the prize.

**X**

LEGAL REPRESENTATIVE'S SIGNATURE

Scratch ☐ LT ☐ MT ☐ HT

W2-G(s) reviewed &amp; received

Check(s) received

Initials

✓

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