

Use this form when claiming a winning ticket through the mail or in person at the Lottery office.

Do not use this form for prizes paid by retailers.

INSTRUCTIONS TO WINNER

CLAIMING BY MAIL:

Before completing this form, please read the information on the back of the yellow copy.

Sign the back of the ticket (one signature only).

After completing items 1-13, you must read all information in item 14, sign and date.

Mail white copy of the completed form and the original winning ticket for processing to:

Oregon Lottery
PO Box 14515
Salem, OR 97309

**Registered Mail
Recommended**

CLAIMING IN PERSON:

Bring the winning ticket for processing to:

500 Airport Rd. SE
Salem, OR 97301

**Take exit 253 off
I-5 and follow
Lottery signs**

Keep yellow copy of this form.



INSERT TICKET FACE-UP HERE

(Did you sign your ticket?)

Then remove tape and seal



WINNER CLAIM FORM

For prizes paid directly by the Oregon Lottery®

WINNER INFORMATION

CLAIM NUMBER

1. Name												2. Sex					
Last Name				First Name				Middle Initial				M	F				
3. Address																	
4. City						5. State		6. Zip									
7. SSN			8. Birth Date			9. U.S. Citizen			YES		NO						
10. Phone #			11. Driver's License #			Month		Day		Year		State Issued					
Home # Including Area Code			Daytime # Including Area Code			YES		NO		N/A							
12. Prize Claimed \$				13. Have all tickets been submitted that were purchased for this game/drawing that have the same numbers selected (i.e. an identical ticket)?								YES		NO		N/A	

14. Winner Declaration

Under penalty of law, I declare that the name, address, and taxpayer identification number which I have furnished, correctly identify me as the recipient and rightful owner of the prize claimed, and that the ticket attached to this claim has not been falsely made, altered, forged, or counterfeited.

I am not the spouse, child, brother, sister, or parent of any member of the Lottery Commission, the Director, the Assistant Directors, or any employee of the Oregon Lottery.

I have read and understand the information on the front and back of this form.

Claimant's Signature _____ Date ____/____/____

Any person who, with intent to defraud, falsely makes, alters, forges, or counterfeits a state lottery ticket is guilty of a class C felony punishable by up to 5 years in prison and a fine of \$100,000. ORS 165.013.

FOR LOTTERY USE ONLY

Verified Prize Amount: _____

of Tickets/Type: _____

Security Review: _____

Payment ID/Initials: _____

Check #: _____

Received by: _____ Date: ____/____/____

Issued by: _____ Date: ____/____/____

MAIL
WALK-IN

CLAIM NUMBER

**PLEASE USE THIS FORM FOR:
Winning tickets over \$600 claimed by mail or in person at the Lottery office.**

EXPLANATION OF ITEMS:

- Item 1 The Lottery can only pay a prize to a "natural person(s)" - do not list the name of a business, club, or organization.
- Item 2 Self explanatory.
- Items 3 - 6 Mailing address. If your prize is over \$600, the Lottery will provide you with a W-2G form (which must be filed with your Federal and State Income Tax returns). If your address changes during the year, please contact the Lottery Player Services Department at 503-540-1050.
- Item 7 Enter your social security number.* The Lottery is required by law to withhold federal and state income taxes on ALL prizes over \$5,000. When you file your personal income tax, your actual tax liability on your prize will depend on your financial situation, and may be more or less than the amount withheld.
- Item 8 Enter the month/day/year you were born. For example: February 10, 1948, would be entered 02-10-1948.
- Item 9 Self explanatory.
- Item 10 Please provide your daytime and home number (if applicable).
- Item 11 Enter your driver's license number and state issued.
- Item 12 Enter prize amount, if known. Prize amount will be verified by Lottery.
- Item 13 If more than one ticket for a game (i.e., MegabucksSM, Powerball[®], etc.) was purchased for the same drawing (i.e., same date and time) and have the same numbers selected, all winnings must be added together for the purpose of Federal tax reporting and withholding requirements. The requirement applies if the total amount of winnings from the above described identical tickets is greater than \$5,000.
- Item 14 Read, sign and date this item.

*Disclosure Requirement: Each United States resident who is to receive a payment of winnings greater than \$600 shall furnish to the Lottery the information required on the Internal Revenue Service Form W-2G (or any other form required by the IRS), including but not limited to the winner's name, address, and social security number. This disclosure is mandatory and the authority for such disclosure is 42 USC 405(c)(2)(C), 26 CFR 31.3402 (q)-1(e), and ORS 461.715(1)(a). A winner's social security number will be used for the purpose of identifying child support obligors and submitting required documents to state and federal tax authorities.

INFORMATION ON PRIZE PAYMENT:

If you do not receive your prize or have not been contacted by the Lottery within two weeks, please contact the Player Services Department at 503-540-1050, Monday through Friday, 8 a.m. to 5 p.m.

PUBLIC INFORMATION

In accordance with Oregon Public Records Law, once a prize has been validated, the following facts are public information and may be subject to disclosure:

- Winner's Name, City, State and Zip Code
- Game in Which Prize Was Won
- Date of Game Drawing
- Date Prize Was Claimed
- Amount of Prize Won
- Retail Location/City in Which Winning Ticket Was Sold

CONGRATULATIONS AND THANK YOU FOR PLAYING THE OREGON LOTTERY[®]!