



Illinois Department of Revenue IL-W-4-G Gambling Withholding Exemption Certificate

Copy Distribution
 White - Winner
 Canary - Payer
 Pink - Dept. of Revenue

Who must file?

You must complete Part 1 of this form if you are an Illinois resident and have gambling winnings that are subject to federal income tax withholding requirements. This form allows the payer to correctly withhold Illinois Income Tax from your winnings. The amount withheld depends, in part, on the number of allowances you can claim on this form. If you do not furnish this information, the payer will withhold at the full rate of tax from your payment. Complete the Winner's Worksheet to figure your correct exemption allowance.

Winner's Worksheet

- | | |
|---|----------|
| 1 Write the number of allowances you are entitled to claim on Line 1 of Form IL-W-4, Employee's Illinois Withholding Allowance Certificate. | 1 _____ |
| 2 Write the number of exemptions you previously claimed on Forms IL-W-4 and IL-W-4-G. Otherwise, write "0." | 2 _____ |
| 3 Subtract Line 2 from Line 1. Do not write less than "0." | 3 _____ |
| 4 Multiple Line 3 by \$2,000. | 4 _____ |
| 5 Write the number of allowances you are entitled to claim on Line 2 of Form IL-W-4. | 5 _____ |
| 6 Multiply Line 5 by \$1,000. | 6 _____ |
| 7 Add Lines 4 and 6. This is your exemption amount currently available. | 7 _____ |
| 8 Write the amount of your winnings from this wager. | 8 _____ |
| 9 Write the smaller of Line 7 or Line 8. | 9 _____ |
| 10 Subtract Line 9 from Line 8. These are your winnings that are subject to the withholding of Illinois Income Tax. | 10 _____ |
| 11 Subtract Line 9 from Line 7. This is your exemption amount still available after winnings are paid. | 11 _____ |

IL-W-4-G (R-12/03)

Part 1: Winner's information

Social Security number _____

Winner's name _____

Street address _____

City _____ State _____ ZIP _____

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge it is true, correct, and complete.

Winner's signature _____ Date _____

Note: Keep the white copy of this form for your records.

Part 2: Payer's information

Payer's name _____

Street address _____

City _____ State _____ ZIP _____

Note: Keep the canary copy of this form for your records.

Mail the pink copy to: **ILLINOIS DEPARTMENT OF REVENUE
 PO BOX 19024
 SPRINGFIELD IL 62794-9024**

This form is authorized by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0047