



WINNER CLAIM FORM

FOR LOTTERY USE ONLY VALIDATION #	SECURITY #
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Instructions, Privacy Act Notice and Disclosures are on the back of form

1 CLAIM DATE	2 RETAILER NUMBER	3 RETAILER REPRESENTATIVE
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4 LAST NAME	FIRST NAME	MI
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5 GROUP NAME (OPTIONAL)

6 ADDRESS (INCLUDE APT # OR FLOOR, IF ANY)
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7 CITY	STATE	ZIP
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8 CLAIMANT SOCIAL SECURITY NUMBER or TAXPAYER ID	REQUIRED: FULL NAME AND SOCIAL SECURITY NUMBER or TAXPAYER ID MUST MATCH WITH INTERNAL REVENUE SERVICE (IRS)
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9 DAY TIME PHONE NUMBER

10 NON-RESIDENT ALIEN COUNTRY OF ORIGIN

10A PASSPORT NUMBER

11 PROOF OF IDENTIFICATION PROVIDED (IDENTIFICATION PRESENTED (TYPE/NUMBER) EXAMPLE: DRIVER'S LICENSE Q 1234-23456-1233)
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12 INSTANT TICKET CLAIMS ONLY

GAME NAME	PRIZE AMOUNT	GAME-PACK-TICKET	14-DIGIT SERIAL #
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13 DRAW GAME TICKET CLAIMS ONLY

DRAWING DATE	PRIZE AMOUNT	GAME NAME
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BET TICKET SERIAL #

CLAIM TICKET VALIDATION #

14 QUESTIONABLE TICKETS ONLY

RETAILER TO PROVIDE BRIEF EXPLANATION:
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STAPLE TICKET HERE (FACE UP)

STAPLE VALIDATION RECEIPT HERE (FACE UP)

CERTIFICATION & SIGNATURE

UNDER PENALTY OF PERJURY, I DECLARE THAT THE NAME, ADDRESS, SOCIAL SECURITY NUMBER, AND ALL OTHER INFORMATION WHICH I HAVE PROVIDED, CORRECTLY IDENTIFIES 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 CERTIFY THAT I HAVE READ AND UNDERSTAND THE INFORMATION ON THE FRONT AND BACK OF THIS FORM. I CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND ACCURATE. I UNDERSTAND THAT IF ANY INFORMATION PROVIDED IS KNOWINGLY FALSE, I AM SUBJECT TO PUNISHMENT.

15 CLAIMANT SIGNATURE



WINNER CLAIM FORM

PLEASE USE THIS FORM FOR PRIZE CLAIMS OF \$600 OR MORE AND QUESTIONABLE TICKETS

RETAILER INSTRUCTIONS

- ▶ Instruct Claimant to sign back of ticket. Name on claim form must match name on the back of the ticket.
- ▶ Must validate ticket for Claimant (ticket owner) and give Claimant the validation receipt.
- ▶ Complete Boxes 1, 2 and 3. Additionally, complete Box 14, if questionable ticket.
- ▶ Instruct claimant on completing Boxes 4 – 13 and Box 15.
- ▶ Instruct claimant to carefully complete form and see Instructions to Claimant.
- ▶ Remind claimant to attach signed ticket and validation receipt to Lottery Copy in the space indicated.
- ▶ Retain Retailer Copy for your records.

INSTRUCTIONS TO CLAIMANT

- ▶ Read all instructions, privacy act notice and disclosure statements carefully.
- ▶ Must sign back of ticket and Claim Form (Box 15). Name and signatures must match.
- ▶ Complete Boxes 4 – 13, if needed, ask Retailer to provide assistance.
- ▶ Must attach signed ticket and validation receipt to completed Lottery Copy, fold and place in attached pre-addressed envelope. Mail immediately to avoid delay of payment. Tear off stub, fold ticket flat, and firmly secure tape to seal envelope.
- ▶ Retain Claimant Copy for your records.
- ▶ Payment of prize requested herein is subject to all applicable NJ Lottery Rules and Regulations.
- ▶ Allow approximately 3 weeks for processing. For questions concerning payment, contact Customer Service at 1-800-222-0996.

EXPLANATION OF BOXES

- Box 1** Claim Date – Enter today's date.
- Box 2** Retailer Number – Completed by Retailer.
- Box 3** Retailer Representative – Completed by Retailer. Print name of person assisting with Claim form.
- Box 4** Name of Claimant – Name of the person claiming the ticket (Last Name, First Name, Middle Initial).
- Box 5** Group Name – Name of Group is Optional.
NOTE: If sharing a prize, obtain IRS form 5754 from <http://www.irs.gov> or 1-800-829-1040 and attach to claim.
- Box 6-7** Address/City/State/Zip – Claimant's mailing address, including apartment # or floor.
If address changes during the year, contact the New Jersey Lottery at 609-599-5824.
- Box 8** Claimant Social Security Number or Taxpayer ID – Required for claiming prize and tax purposes. SSN or Taxpayer ID must match number on your tax return. Failure to include Social Security Number or Taxpayer ID will delay payment. The Retailer does not retain this information. If non-resident alien, see Boxes 10 and 10a.
- Box 9** Phone Number – Enter a daytime phone number where you can be reached for any questions regarding your claim.
- Box 10-10(a)** Non-Resident Country of Origin/Passport # – Claimant without a Social Security Number who is a non-resident alien must provide their passport number and Country of Origin. This information is required for claiming prize and tax purposes. Failure to include will delay payment. The Retailer does not retain this information.
- Box 11** Proof of Identification – Examples of acceptable forms of identification are driver's license; identification issued by a public agency; Passport; identification issued by any branch of the armed forces of the U.S.
- Box 12** Instant Ticket Claims Only – Enter name of game; the prize amount (prize amount will be verified by Lottery); 14-digit game/pack/ticket # found on back of ticket beneath the barcode; 14-digit serial # found on front of ticket in scratch-off play area.
- Box 13** Draw Game (Machine) Claims Only – Enter drawing date; prize amount (prize amount will be verified by Lottery); game; bet ticket serial # found beneath barcode on front of ticket; claim ticket validation # found on bottom of validation receipt.
- Box 14** Questionable Tickets Only – Retailer to provide explanation of questionable ticket as damaged, misprint, prize amount discrepancy, or any other problem.
- Box 15** Certification & Signature – Claimant must read and sign claim form. Signature on claim form must match signature on back of ticket. Claim will not be processed without signature.

PRIVACY ACT NOTICE AND DISCLOSURES

In accordance with the New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 et seq. and N.J.A.C. 17:20-7.7), once a prize has been validated, the following facts are public information and may be subject to disclosure: winner name, town, and county of individual or group; game in which prize was won; date of game drawing; date prize was claimed; amount of prize won; address, city, county of the New Jersey retailer which sold the winning ticket.

Each claimant submitting this form for payment of winnings shall furnish to the Lottery the information required on the Internal Revenue Service Form W-2G (or any other form required by the Internal Revenue Service ("IRS")). This information is to include, but is not limited to, the claimant(s) name, address, and Social Security Number. This disclosure is mandatory and such information will be disclosed by Lottery to the IRS for tax purposes pursuant to 5 U.S.C. 522a(b)(3); 26 U.S.C. 3402(q); 26 U.S.C. 6103(h)(1); 42 U.S.C. 405(c)(2)(C); N.J.S.A. 54:50-8; N.J.S.A. 54:50-9; 26 C.F.R. 31.3042(q)-1(e); and N.J.A.C. 17:20-7.1. Lottery will also disclose this information for purposes of identifying child support, public assistance, student loan, and other state debt obligors for possible prize garnishment pursuant to 42 U.S.C. § 405(c)(2)(C); N.J.S.A. 5:9-13.5, -13.14, and -13.17; and N.J.A.C. 17:42-1.2 and N.J.S.A. 17:43-1.2 and the procedures established therein.