

# WINNER CLAIM FORM MARYLAND LOTTERY AND GAMING CONTROL AGENCY

## Claimant -- Complete This Section: Please Print Legibly (Instructions on reverse side)

1. Name First Last

2. Address

3. City 4. State 5. ZIP

6. Phone 7. SSN 8. Birthdate

9. Claimant I.D. a) Lic. No. b) Other

10. Non-Resident Alien? Yes  No   
If Yes, Non-Resident Alien Number

### 11. Claims Notice

Disclosure of a Social Security Number (SSN) or Individual Tax Identification Number (ITIN) to claim a Lottery prize is generally voluntary. Not providing it may prevent the processing of the claim. For prizes over \$600, the Social Security Code, the Internal Revenue Code, and the Maryland Tax-General Article authorize and require the Lottery to withhold federal and state taxes on these winnings. You must present proof of your social security number and a photo ID proving you are at least 18 years of age. The names on your photo ID and verification of Social Security Number must match exactly on both documents to claim your winnings.

The Lottery also collects SSNs and ITINs in order to comply with State laws related to the interception of prize winnings for unpaid child support, criminal restitution, and Central Collection Unit's debts owed to a State agency or other government entity, as well as to validate and process claims pursuant to the Maryland State Lottery Law and the Lottery's rules and regulations. More information about statutory requirements is on the Lottery's website at [www.mdlottery.com](http://www.mdlottery.com).

A person who gives the Lottery personal information has the right to inspect, amend, or correct this personal information, which is not generally available for public inspection without the person's written consent. The Lottery does not transfer personal information or make it available to any other entity, except to certain contractors working with the Lottery who may need the information to perform services to the Lottery; as required by law to various federal and state government agencies; and, for enforcement of criminal laws, to law enforcement agencies.

**I certify, under penalties of perjury, that the above information is true and correct, and that I have reviewed the above Claims Notice, and that I am the owner of the attached ticket(s). I acknowledge that certain information on this form may be subject to disclosure under Maryland's Public Information Act.**

12. \_\_\_\_\_ (Claimant's Signature) \_\_\_\_\_ (Claim Date)

## Lottery Retailer -- Complete this section:

1. Lottery Retailer Number

2. Ticket Information:

a) Circle: **Online Ticket / Instant Winner**

b) Serial No.

c) Valid. No.

d) Date Won

e) Amount Won \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

3. Securely Attach your Ticket(s) Here.

Have you completed the back of the ticket(s)?

Attach signed ticket to Claim Form. Attach a copy of your identification and proof of Social Security Number when mailing a claim of \$600 and over.

## Claimant -- Complete This Section:

**I certify under the penalty of perjury that I have received payment in full for my prize as specified above.**

\_\_\_\_\_ (Claimant's Signature) \_\_\_\_\_ (Claim Date)

## For Lottery Use Only

Prize Won	Validation No.	Processed by:  Approved by:
Check No.	Check Date	