



walottery.com

# Winner Claim Form / Substitute W-9

### HEADQUARTERS

PO Box 43050  
Olympia WA 98504-3050

Phone: 360.810.2888  
Fax: 360.515.0416

### Instructions to Claimant:

1. Sign back of ticket(s).
2. Complete information on this form.
3. Print form, sign and date two (2) places below.
4. Retain a copy for your records.
5. Mail form with original ticket attached to the address above.

### Winner Information:

Legal Name (Last, First, MI)

Social Security Number/Taxpayer ID Number

Birthdate

Sex

Telephone Number

Mailing Address

City

State

Zip Code

Email Address

Yes / No

- Are you a Lottery Retailer?  
  Are you employed by a Lottery retailer?

Yes / No

- Are you related to a Lottery retailer?  
  Are you a relative/household member of a Lottery employee?

**Substitute W-9 Declaration:** I declare under penalties of perjury:

1. My Social Security Number/Taxpayer Identification Number is correct.
2. I am not subject to backup withholding due to failure to report interest and dividend income.
3. I am a U.S. person (includes U.S. resident aliens), and the Foreign Account Tax Compliance Act (FATCA) code entered on this form (if any) is correct.

**Exemptions from Backup Withholding:** Codes apply only to certain entities, not individuals. See instructions:

<https://www.irs.gov/pub/irs-pdf/iw9.pdf>

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting (if any)

\_\_\_\_\_ (applies to accounts outside U.S.)

**Claimant's Signature**

**Date:**

Privacy Notice: The player information requested on this form will be used to validate and process your claim in accordance with Chapter 67.70 RCW and Title 315 WAC. For prizes over \$600, a player's social security or tax identification number is required for tax reporting and withholding purposes pursuant to Internal Revenue Code sections 6011, 6041, 6109, 3402, and the regulations enacted thereunder. Information you provide may be disclosed to state and federal government agencies, including by not limited to: the Department of Social and Health Services, the Department of Revenue, the Employment Security Department, and the Internal Revenue Service.

### Washington's Lottery Declaration:

I declare that the name, address, and social security number (taxpayer identification number) furnished correctly identifies me as the claimant of this prize. The ticket attached to this claim is not counterfeit, altered, or forged. Further, I agree to abide by all rules of Washington's Lottery pertaining to payment of this prize with the understanding that my name, city and prize amount are subject to public disclosure laws.

**Claimant's Signature**

**Date:**