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WINNER CLAIM FORM



Please read all information and instructions before completing claim form
See Reverse for Privacy Statement

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 (CLAIMANT)	FIRST NAME (CLAIMANT)	MI
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5 GROUP NAME (OPTIONAL) If a group complete and attach IRS tax form 5754
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6 ADDRESS (INCLUDE APT # OR FLOOR, IF ANY)
--

7 CITY	STATE	ZIP
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REQUIRED: FULL NAME AND SOCIAL SECURITY NUMBER or TAXPAYER ID MUST MATCH WITH INTERNAL REVENUE SERVICE (IRS).

8 CLAIMANT SOCIAL SECURITY NUMBER or TAXPAYER ID	DATE OF BIRTH	9 DAY TIME PHONE NUMBER
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10 NON-RESIDENT ALIEN COUNTRY OF ORIGIN	10A PASSPORT NUMBER
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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 #

13 DRAW GAME TICKET CLAIMS ONLY		
DRAWING DATE	PRIZE AMOUNT	GAME NAME

BET TICKET SERIAL #	CLAIM TICKET VALIDATION #
---------------------	---------------------------

14 QUESTIONABLE TICKETS ONLY
RETAILER TO PROVIDE BRIEF EXPLANATION:

15 Anonymity Waiver:
<input type="checkbox"/> By checking this box I authorize the New Jersey Lottery and its agents, representatives and designees, to use my name, town and state of residence, prize amount, and photographic or video-graphic likeness (collectively "Likeness"), in any medium for the purposes of advertising or trade. I acknowledge that I have read the Privacy Act Notice and Disclosures on the back of this Winner Claim Form. I agree to hold harmless the New Jersey Lottery and its agents, representatives and designees, and its/their respective employees, for any unauthorized use or misuse of my Likeness.

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.

16 CLAIMANT SIGNATURE

Must be 18 or older to buy a lottery ticket. Please play responsibly. If you or someone you know has a gambling problem, call: 1-800-GAMBLER®.

STAPLE TICKET HERE (FACE UP)

STAPLE VALIDATION RECEIPT HERE (FACE UP)

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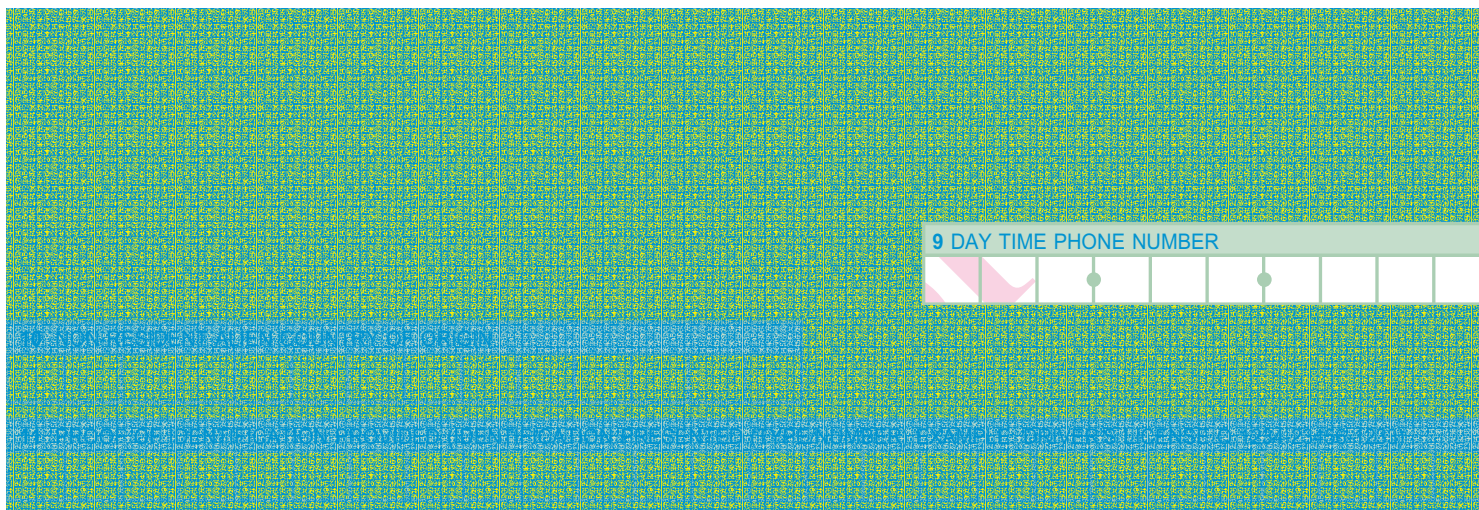
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1 CLAIM DATE 2 RETAILER NUMBER 3 RETAILER REPRESENTATIVE

4 LAST NAME (CLAIMANT) FIRST NAME (CLAIMANT) MI

5 GROUP NAME (OPTIONAL) If a group complete and attach IRS tax form 5754



9 DAY TIME PHONE NUMBER

12 INSTANT TICKET CLAIMS ONLY GAME NAME PRIZE AMOUNT GAME-PACK-TICKET 14-DIGIT SERIAL #

13 DRAW GAME TICKET CLAIMS ONLY DRAWING DATE PRIZE AMOUNT GAME NAME

BET TICKET SERIAL # CLAIM TICKET VALIDATION #

14 QUESTIONABLE TICKETS ONLY RETAILER TO PROVIDE BRIEF EXPLANATION:

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7 CITY STATE ZIP

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8 CLAIMANT SOCIAL SECURITY NUMBER or TAXPAYER ID DATE OF BIRTH 9 DAY TIME PHONE NUMBER

10 NON-RESIDENT ALIEN COUNTRY OF ORIGIN 10A PASSPORT NUMBER

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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 (Box 15) and Disclosure statements carefully.
- ▶ Must sign back of ticket and Claim Form. Name and signatures must match.
- ▶ Complete Boxes 4 – 13, if needed, ask Retailer to provide assistance.
- ▶ Failure to provide your original signed winning ticket, social security number, date of birth, complete address, and phone number may delay or prevent Lottery from processing your claim or result in additional federal taxes withheld from your prize.
- ▶ 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 4 weeks for processing. For questions concerning payment, contact Customer Service at 1-800-222-0996.

EXPLANATION OF BOXES & INSTRUCTIONS

- 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 609-599-5910.
- Box 8** Claimant Social Security Number or Taxpayer ID, initials and DOB – Required if the amount of any one prize is over \$600 or more. If non-resident alien, see Boxes 10 and 10a. If you do not provide the Lottery with a tax identification number and elect not to report your residency status, your prize will be subject to the Internal Revenue Service non-resident withholding requirements. New Jersey and/or Federal Law require the Lottery to check Social Security Numbers for the purpose of enforcing child support, spousal support, and state debt set off (See 5 U.S.C. section 552a and 42 U.S.C. section 405(c)(2)(C)(vi) and 651 et seq., N.J. Stat. § 5:9-13.1, N.J.A.C. 17:42, N.J.A.C. 17:43-1.2, et seq.) If you are in arrears, Lottery is required to withhold the amount in arrearage or the entire prize, whichever is less.
- 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** Anonymity Waiver – By checking this box I authorize the New Jersey Lottery and its agents, representatives and designees, to use my name, town and state of residence, prize amount, and photographic or video-graphic likeness (collectively "Likeness"), in any medium for the purposes of advertising or trade. I acknowledge that I have read the Privacy Act Notice and Disclosures on the back of this Winner Claim Form. I agree to hold harmless the New Jersey Lottery and its agents, representatives and designees, and its/their respective employees, for any unauthorized use or misuse of my Likeness.
- Box 16** 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

Pursuant to the New Jersey Lottery Law (N.J.S.A. 5:9-1 et seq. and N.J.A.C. 17:20-1 et seq.) ("New Jersey Lottery Law"), holders of winning tickets or shares may remain anonymous indefinitely. The identity of a holder choosing to remain anonymous shall not be included under materials available to public inspection pursuant to 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). By authorizing the New Jersey Lottery and its agents, representatives and designees to use your name, town and state of residence, prize amount, and photographic and video-graphic likeness (collectively "Likeness"), you agree to hold harmless the New Jersey Lottery and its agents, representatives and designees, and its/their respective employees, for any unauthorized use or misuse of your Likeness.

The Federal Privacy Act (Public Law 93-579), 5 U.S.C. §552a, requires that this notice be provided when collecting personal information from individuals.

Disclosure Requirement: Each claimant submitting this form for payment of winnings shall furnish to the Lottery the information required on the Internal Revenue Service ("IRS") Form W-2G (or any other form required by the IRS), including but not limited to the claimant's: (i) name; (ii) address; (iii) social security number; and (iv) prize amount. This disclosure is mandatory and such information will be disclosed by the New Jersey Lottery to the IRS for tax withholding and reporting purposes pursuant to 5 U.S.C. §522a(b)(3); 26 U.S.C. §§3402(q), 6011, 6041, 6103(h)(1), and 6109; 42 U.S.C. §405(c)(2)(C); 26 C.F.R. §31.3402(q)-1; N.J.S.A. 54:50-8 and -9; N.J.A.C. 17:20-7.1, and any regulations thereunder.

The New Jersey 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. 5:9-13.1, -13.5, -13.14, and -13.17; N.J.A.C. 17:42-1.2; N.J.S.A. 17:43-1.2, and any regulations thereunder. By initialing Box 8 on the form, you voluntarily consent to Lottery providing your social security number to the additional state agencies. Providing your social security number to these agencies will speed the New Jersey Lottery's ability to process and validate your claim. Nothing in the New Jersey Lottery law section N.J.S.A. 5:9-7(b) and associated regulations shall be construed to prevent the conduct of data exchange among authorized State and Federal entities.

The New Jersey Lottery reminds players, it's only a game...remember to play responsibly.

If you or someone you know has a gambling problem, call 1-800-GAMBLER® or visit www.800gambler.org.