WINNER CLAIM FORM
Instructions on the Back of this Form
Visit a Georgia Lottery District Office
Or Mail to:
Georgia Lottery Corporation
P.O. Box 56966
Atlanta, GA 30343

For more information, visit our website at www.galottery.com

CLAIMANT - COMPLETE THIS SECTION

1. NAME AS LISTED WITH THE INTERNAL REVENUE SERVICE
   MR. ☐  MS. ☐

2. CLAIMANT TYPE (CHECK ONE)
   ☐ INDIVIDUAL  ☐ CORPORATION  ☐ PARTNERSHIP  ☐ TRUST  ☐ OTHER

3. ADDRESS

4. CITY
   5. STATE
   6. ZIP CODE

7. COUNTY OR PROVINCE

8. DATE OF BIRTH
   MM-DD-YYYY

9. CITIZENSHIP (CHECK ONE)
   ☐ U.S. CITIZEN/RESIDENT ALIEN
   ☐ OTHER
   (IF YOU CHECKED “OTHER” PROVIDE COUNTRY OF CITIZENSHIP)

10. PHONE NUMBERS
    HOME
    OTHER

11. E-MAIL

If a person wins a prize of $250,000 or more, O.C.G.A. §50-27-25(d) authorizes that person to keep that prize anonymous. Do you wish to remain anonymous for your winning of this prize of $250,000 or more?
   Yes ☐  No ☐

12. U.S. SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER

In making this claim and under penalties of perjury, I certify to the best of my knowledge and belief that a) the U.S. Social Security Number or Tax Identification number shown on this form is correct, b) I am not subject to backup withholding due to failure to report interest and dividend income, c) all other above information is true and correct, and identifies me as the recipient of this claimed prize, and d) that I am not prohibited by Georgia Law from purchasing a Lottery ticket.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

13. CLAIMANT SIGNATURE
   DATE

FOR LOTTERY USE ONLY:

14. DISTRICT OFFICE NO.
15. RECEIVED BY (Signature)
16. DATE

CLAIMANT'S PERSONAL IDENTIFICATION

17. TYPE OF I.D. NUMBER
18. INSTANT TICKET NUMBER
   (on back of ticket above the bar code)
   19. INSTANT TICKET VALIDATION NUMBER
   (covered number on the lower play area)

20. ON-LINE TICKET SERIAL NUMBER (on the bottom front of the on-line ticket)

21. Processed By: ________________________________  Date: __________
22. Prize Amount: $ ________________________________
23. CheckAmount: $ ________________________________
24. Check No: __________________  Received By: __________________  Date: __________

Claimant Signature

White Copy - Georgia Lottery
Canary Copy - Claimant Copy
Substitute Form W-9
INSTRUCTIONS TO FILE YOUR WINNER CLAIM FORM:

You may claim prizes of any amount at any of the Georgia Lottery Offices listed below. Complete steps 1 through 4 below to personally file your claim at any of our offices. Office Hours are 8:30 a.m. to 5:00 p.m., Monday thru Friday. Please allow one to three hours to process claims valued $5,000 to $499,999.00. Prizes of $601 to $249,999 claimed at GLC headquarters or district offices are paid on the same day. Winners claiming prizes of $250,000 to $499,999 should plan to arrive at GLC headquarters or district offices by 4 p.m. for same-day payment; winners who arrive after 4 p.m. will be paid the following business day. The payment of prizes of $500,000.00 or more shall be made on a date subsequent to the date of the prize claim submission. Federal and State Income Tax Withholding will be deducted from prizes exceeding $5,000. Child Support Services debts in excess of $100.00 will be deducted from prizes $2,500.00 or more, net of wages or ticket cost. Other outstanding State debts in excess of $100.00 (e.g. Department of Education and Department of Revenue debts) will be deducted from prizes $5,000.00 or more, net of wages or ticket cost. You may also claim your prize through the mail by completing steps 1 through 5 below.

1.) Complete and sign the back of the ticket. The ticket must be completed in the name of one individual or legal entity (i.e., Corporation, Partnership, etc.)

2.) Complete the Claimant Section of the Winner Claim Form (1 through 13). The Winner Claim Form must be completed in the name of one individual or legal entity. The name and tax identification number must match the name and tax identification number used with the Internal Revenue Service.

3.) After reading the printed statement, sign and date the Winner Claim Form in the spaces provided. If you are signing as a representative of a legal entity, provide your title.

4.) For Claims over $600.00, you will need to present two forms of identification to verify your name, signature and social security number, preferably a Driver’s License and Social Security Card. The combined forms of I.D. must verify your name, signature and social security number. The following is a list acceptable forms of identification:

- Driver’s License
- Passport
- U.S. Resident Alien Card
- Social Security Card
- Identification Card issued by another State
- U.S. Armed Forces Identification
- Georgia Identification Card
- U.S. Student Identification Card

5.) If you would like to file your claim by mail, please mail the completed Winner Claim Form, original ticket and copies of two forms of identification to:

Georgia Lottery Corporation
P.O. Box 56966
Atlanta, GA 30343

Retain a copy of the completed Winner Claim for your records.

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<tr>
<td>Atlanta</td>
<td>250 Williams Street</td>
<td>250 Williams Street</td>
<td>(404) 215-5000</td>
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<tr>
<td></td>
<td>Atlanta, Georgia 30303</td>
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<tr>
<td>Augusta</td>
<td>Village at Hereford</td>
<td>5155 Columbia Road</td>
<td>(706) 737-1320</td>
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<tr>
<td></td>
<td>Suite 103</td>
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<tr>
<td>Columbus</td>
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<td>2517 Airport Thruway</td>
<td>(706) 660-2380</td>
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<tr>
<td>Macon</td>
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<td>(478) 784-5420</td>
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<tr>
<td>Savannah</td>
<td>Lawrel Hill Village</td>
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<td>(912) 920-5100</td>
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<td>Hwy 19 South</td>
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<tr>
<td>Tifton</td>
<td>2406 Tift Avenue North</td>
<td>Tifton, Georgia 31794</td>
<td>(229) 382-2430</td>
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