AMOUNT _____

SSN

INITIALS

INSTRUCTIONS

(This form is for ALL prizes \$600 or greater)

- 1. Complete this form by printing your name, address, social security number/tax id number, and telephone number. All information is required to process your claim
- 2. SIGN THE CLAIM FORM AND THE BACK OF YOUR TICKET.
- Present this form, the original winning ticket and proof of positive identification as well as proof of social security number to the Lottery claims office in Concord. If mailing your claim, retain the pink copy for your records and provide photocopies of identification and social security card with your claim. It is suggested that you use certified mail.
- 4. Note: Prizes are subject to applicable federal taxes. Claimants are advised that taxes may be withheld from prize payments in accordance with IRS quidelines.

All claims are subject to applicable statutes, regulations and New Hampshire Lottery game rules, which are available at nhlottery.com/About-Us/Administrative-and-Game-Rules



Over \$3 Billion and Counting for our Schools

14 INTEGRA DRIVE CONCORD, NH 03301 (603) 271-3391 nhlottery.com

NHLC (REV. 6/25)

NEW HAMPSHIRE LOTTERY CLAIM FORM

PLEASE PRINT CARE							
Winner's Name (First, Middle	e Initial, Last)						
Mailing Address							
City			State		Zip (Code	
Social Security Number or T	ax ID Number	Telephone N	umber				
			1 _ 1		1_		
Winner's Signature			Email A	Address			
Date	_		Proxy	Signatu	re (if a	pplicab	ile)
FOR LOTTERY US	F ONLY:						
Ticket Serial Number							
		1 1 1	T. I		1	I I	1
		CHEC	 K#				