

(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.
3. 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 guidelines.

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



Winner's Name (First, Middle Initial, Last)

Winner's Name (First, Middle Initial, Last)

Response	Percentage
Doing a good job	65%
Not doing a good job	35%

$$\frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} - \frac{1}{2} - \frac{1}{2} \right)$$
$$| \quad | \quad | \quad - \quad | \quad | \quad - \quad | \quad | \quad |$$

| | | - | | - | |

$$\left| \begin{array}{cccc} 1 & 1 & 1 & 1 \\ 1 & 2 & 3 & 4 \\ 1 & 3 & 6 & 10 \\ 1 & 4 & 10 & 20 \end{array} \right|$$

This claim form is signed under penalty of unsworn falsification pursuant to RSA 641:3. I declare to the best of my knowledge and belief, the name, address and taxpayer identifying number identifies me as the sole recipient of this payment. I understand that certain information is subject to public disclosure in accordance with RSA 91-A.

Winner's Signature

Email Address

Date

Proxy Signature (if applicable)

FOR LOTTERY USE ONLY:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

PHOTO ID

CHECK #

SSN

AMOUNT

OTHER

TAX EFT

INITIALS

DATE _____