



**KANSAS
LOTTERY**

Winner Claim Form

Instructions to Claimant:

- * **SIGN THE BACK OF YOUR TICKET(S)** and complete this Winner Claim Form using black or blue ink.
- * Only the original ticket is valid to claim a prize and only one individual may sign the ticket(s) and this form.
- * Claims of \$50 or more require a Winner Claim Form and a copy of a government, state, or tribal-issued photo identification.
- * Read and fully complete this entire Winner Claim Form. Incomplete forms will not be accepted.
- * Bring or mail this completed Winner Claim Form with the original signed ticket(s) to:

Kansas Lottery Claims
108 N. Kansas Ave.
Topeka, KS 66603

Prize Claim Questions: call 800-322-5688 or www.kslottery.gov

Claimant Information-Please Complete All Fields Below

1. Legal First Name (Must match ID)	2. MI	3. Last Name	4. Suffix (Jr, Sr, III)
5. Address (Include Apt., Unit, Lot, etc.)	6. City	7. State	8. Zip Code
9. Mailing Address (If different than above)	10. City	11. State	12. Zip Code
13. SSN/ITIN	14. Date of Birth (MM/DD/YYYY)	15. Phone Number (Include area code)	
16. Tax Status (Select one) ☐ US Citizen ☐ Resident Alien ☐ Non-Resident Alien/Country of Citizenship: _____		17. Email (Optional)	
<i>I declare as follows: All information which I have furnished on this form (including my name, address, taxpayer or social security number) is accurate, true, and correctly identifies me as the recipient of the prize being claimed; I have legally obtained rights to the prize I am claiming, that I am the lawful owner, and that I am not legally prohibited by law from making a claim or claiming a prize; I understand that any person who falsely makes, alters, forges, conceals their true identity upon, steals, embezzles, makes a fraudulent or illegal claim with, or counterfeits a Kansas Lottery ticket is guilty of one or more crimes, punishable by possible imprisonment; I indemnify and hold harmless the Kansas Lottery for any loss or expense it might incur if any of the information I have provided is not true and accurate. I declare under penalty of perjury that the foregoing is true and correct:</i>			
Claimant's Signature: (REQUIRED)		Date:	

W-9 CERTIFICATION-MUST BE COMPLETED BY U.S. CITIZENS OR RESIDENT ALIENS ONLY

1. The number shown on this form is my correct Social Security or ITIN Number, and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien).

Claimant's Signature if U.S. Citizen or Resident Alien:	Date:
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FOR LOTTERY USE ONLY

Prize Amount: \$ _____ Ticket Number(s): _____
Notes: