

## **FILING A CLAIM FOR A MICHIGAN LOTTERY PRIZE**

The Michigan Lottery will deduct from prize payments of \$1,000 or greater any outstanding debts collectable by the State of Michigan, in accordance with state law.

Once a ticket is presented for payment it becomes the property of the State of Michigan and cannot be returned. If you do not own the ticket(s) you are claiming,

### **STOP HERE**

To file a claim for a Michigan Lottery prize:

1. Sign and submit the Lottery ticket.
2. Complete and sign the Ticket Receipt Form.
3. Provide your original, unexpired picture identification.
4. Provide your original social security card.

Michigan Lottery prizes are subject to federal, state, and local income taxes. You may be required to make estimated tax payments by filing a form 1040ES with the Internal Revenue Service. If you have any questions regarding income tax, please contact the Internal Revenue Service at (800) 829-1040, the Michigan Department of Treasury at (517) 636-4486, or your local taxing authority.

Club representatives claiming a prize on behalf of a club must complete a substitute 5754 form in place of the attached Ticket Receipt Form. A substitute 5754 form is available at [www.michiganlottery.com](http://www.michiganlottery.com); click how to claim prizes. Or by contacting any one of Lottery's claim centers or Player Relations department at (517) 373-1237.

All claimed prizes of greater than \$600 will receive a W-2G at time of prize payment.

In case of lost W-2G form, call (517) 373-6001 and a duplicate W-2G form will be mailed to the address provided at time of prize payment.



MICHIGAN LOTTERY  
**TICKET RECEIPT FORM**  
(Not to be used for Lottery club claims)

REGION NUMBER

IS CLAIMANT A U.S. CITIZEN OR RESIDENT ALIEN BASED ON U.S. TAX LAWS? ☐ YES ☐ NO IF NO - COUNTRY OF RESIDENCE:

CLAIMANT'S LEGAL FIRST NAME MI LAST NAME SUFFIX

SOCIAL SECURITY NUMBER\* DATE OF BIRTH  
MONTH DAY YEAR  
\*(PROTECTED BY FEDERAL PRIVACY AND STATE CONFIDENTIALITY LAWS)

MAILING ADDRESS (leave a space between number and street name)

CITY STATE ZIP CODE

AREA CODE MOBILE PHONE NO. AREA CODE SECONDARY CONTACT PHONE NO.

EMAIL ADDRESS

PAYMENT METHOD ☐ PAY BY CHECK ☐ PAY BY PREPAID CARD • Are you the original purchaser of the ticket being claimed? ☐ YES ☐ NO If No, please explain:

| TICKET NUMBER | PRIZE AMOUNT | CLAIM ID (OFFICE STAFF ONLY) |
|---------------|--------------|------------------------------|
|               | \$           |                              |
|               | \$           |                              |
|               | \$           |                              |
|               | \$           |                              |
|               | \$           |                              |

**ALTERING TICKETS SUBJECT TO 5 YEARS IN PRISON**

Under penalties of perjury, I certify that:

- I am the true owner of the Lottery ticket(s) being claimed, and
- I am a) a U.S. citizen or resident alien and the number shown on this form is my correct taxpayer identification number, or b) I am a non-resident alien, a current resident of the country as indicated above, and understand I am subject to 26 U.S. Code Chapter 3 withholding unless an exception applies, and
- I am not subject to backup withholding because a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (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
- I am exempt from FATCA reporting.

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

Claimant's Signature Date / Time

Reissue Ticket(s) Received By Date / Time

**LOTTERY USE ONLY**

CLAIM RECEIVED BY: SIGNATURE

DATE / TIME:

OTHER WITHHOLDING \$

PAYMENT AUTHORIZED BY: SIGNATURE

DATE / TIME: