



# Winner Claim

**CONGRATULATIONS!**  
Cash all prizes of \$599 or less at your participating Lottery Retailer

## PLAYER INFORMATION

SEE PAGE 2 BEFORE COMPLETING FORM

LAST NAME  DATE OF BIRTH  -  -   
MONTH DAY YEAR

FIRST NAME  MI  SUFFIX  SSN/TIN  -  -

ADDRESS 1

ADDRESS 2

CITY  STATE  ZIP CODE  -

COUNTRY  E-MAIL

PHONE  -  -   I do not have a Social Security Number  I am **NOT** a U.S. Citizen, and I am **NOT** a Resident Alien  
AREA CODE  
*(Check this box only if you do not have a SSN)*

Are you a Lottery Retailer?  Yes  No Are you employed by a Lottery Retailer?  Yes  No Are you related to a Lottery Retailer?  Yes  No

By volunteering to answer the following questions, you will help the Lottery know more about its players. Your responses will not be sold or disclosed to the public.

Which of the following do you consider yourself to be? (Check all that apply)  African American  Asian  Hispanic  White  Other (specify) \_\_\_\_\_

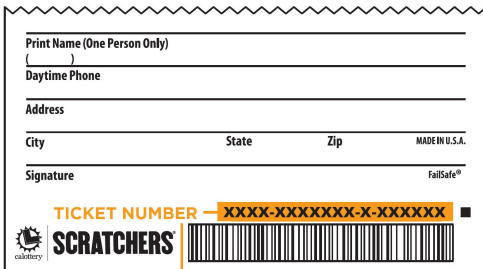
Annual Household Income  Under \$20,000  \$20,000 to \$35,000  \$35,000 to \$50,000  \$50,000 to \$75,000  Over \$75,000 Number of People in Household (including yourself): \_\_\_\_\_

Education  Did not finish High School  Graduated High School or GED  Some College  Graduated College

Gender  Male  Female Occupation (Check all that apply)  Student  Employed  Unemployed  Retired

## TICKET INFORMATION

Attach winning Scratchers® ticket to this form with your name and address showing.



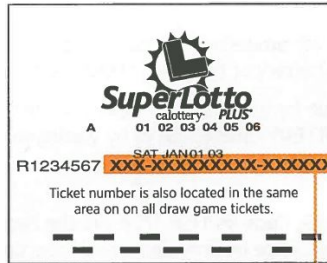
Print your name, street address, city, state and zip code; and sign your name on the back of the ticket.

TICKET NUMBER  -  -  -

18-DIGIT NUMBER ON THE BACK OF TICKET

PRIZE CLAIMED \$

Attach winning draw game ticket to this form.



Print your name, street address, city, state and zip code; and sign your name on the back of the ticket.

TICKET NUMBER  -  -  -

18-DIGIT NUMBER ON THE FRONT OF TICKET

PRIZE CLAIMED \$

I declare, under penalty of perjury and the laws of the State of California, including but not limited to California Penal Code sections 118 and 72, that I am the rightful owner of the winning ticket on this form, that I am 18 years of age or older, and that all information provided is true and correct. I understand that any person who, with intent to defraud, falsely makes, alters, forges or counterfeits a Lottery ticket is in violation of state law and could be liable for criminal penalties.

Winner's Signature (Only one signature, and it must match signature on ticket) \_\_\_\_\_

Date \_\_\_\_\_

FOR DISTRICT OFFICE USE ONLY			
PLAYER I.D. CODE	DIST. OFFICE CODE	DATE RECEIVED	POST MARK DATE
DRAW DATE	INITIALS	CONTROL NUMBER	

FOR HEADQUARTER OFFICE USE ONLY			
CODE(S)			
REASON			
RELEASED	INITIALS	FINAL	
CRN			



## PLEASE READ ALL INFORMATION AND INSTRUCTIONS BEFORE COMPLETING CLAIM FORM

Failure to provide your original signed winning ticket, social security number, date of birth, name, and complete address (including apartment or space number), city, state, zip code, and phone number may delay or prevent the Lottery from processing your prize claim or result in additional federal taxes withheld from your prize. Lottery prizes are not subject to California state income tax.

**If you are not a U.S. citizen or a resident alien, the Lottery is required by federal tax law to withhold additional taxes from your prize. The Lottery is required to withhold federal taxes of 25% for U.S. citizens and resident aliens providing a social security number, and 28% for U.S. citizens and resident aliens not providing a social security number. Players who select "I am NOT a U.S. Citizen and I am NOT a Resident Alien" box will have 30% withheld from all prizes. Federal tax rates are subject to change.**

1. Print your name, street address, city, state, and zip code on the back of the ticket.
2. Sign your name on the back of the ticket.
3. Complete the Player Information and Ticket Information sections on the first page of this form.
4. Sign the first page of this form with ink. (ONLY ONE SIGNATURE IS PERMITTED)
5. Staple your ticket to the front of this form.

**KEEP A COPY OF THIS FORM AND A COPY OF THE TICKET.**

(Include all of the identification numbers shown on both sides of the ticket)

**MAIL THIS CLAIM FORM, WITH THE TICKET STAPLED ON THE FRONT, TO:**

California Lottery, 730 North 10th Street, Sacramento, CA 95811-0336

### PRIZE PAYMENT INFORMATION

Claims submitted to Lottery Headquarters for processing are paid by check from the California State Controller's Office. If you do not receive your prize within eight weeks, contact the Lottery at 1-800-Lottery (568-8379), Monday through Friday, 8:00 a.m. to 5:00 p.m.

A Multiple Ownership Claim Form is available for group players (less than 100) sharing prizes of \$1,000,000 or more. You may request a Multiple Ownership Claim Form by calling 1-800-Lottery (568-8379) or by visiting any Lottery District Office.

### PRIVACY NOTICE

The Information Practices Act of 1977 (Cal. Civ. Code sections 1798-1798.78, the Federal Privacy Act (Public Law 93-579), 5 U.S.C. section 552a, and Cal. Gov. Code sections 11015.5 and 11019.9, require that this notice be provided when collecting personal information from individuals.

The Player Information requested on this form will be used to validate and process your claim in accordance with the California State Lottery Act of 1984 (Gov. Code sections 8880 et seq.). The Lottery requires a player's social security or tax identification number (SSN/TIN) for tax withholding and reporting purposes, pursuant to Internal Revenue Code sections 6011, 6041, 6109, 3402, and the regulations enacted thereunder.

The Player Information you provide may be disclosed to various state and federal government agencies, including but not limited to: the State Controller's Office, Franchise Tax Board, Health and Welfare Agency, and the Internal Revenue Service.

The voluntary information that you provide regarding your ethnicity, household income, education, gender, and occupation will be used only by the Lottery to conduct internal demographic studies (which may be completed by agents, contractors, and third-party affiliates). It will not be disclosed to any state or federal government agency or members of the public.

You have the right to access your personal information maintained by the Lottery by contacting the California Lottery, 700 North 10th Street, Sacramento, CA 95811-0336 - Attention: Information Practices Act Coordinator, Legal Services - Executive Division. The Information Practices Coordinator can also be reached at 916-822-8177.

*Purpose and Relevancy of Information Collected:* Information is collected to validate and process a claim and for purposes of sales, marketing, research, security investigation, legal review, surveys, and strategic planning as related to the operations of the Lottery. By submitting this claim, you consent and agree to such use, and waive any and all legal claims, known or unknown, related to the specified uses set forth herein. The California Lottery is subject to public disclosure laws that allow access to certain governmental records. Your full name, the name and location of the retailer who sold you the winning ticket, the date you won, and the amount of your winnings, including your gross and net installment payments, are matters of public record and are subject to disclosure. The Lottery will not disclose any other personal or identifying information without your permission unless legally required to do so. No information will be collected or accepted from known minors. You may be asked to participate in a press conference.

*Tickets, transactions, purchases, claims and prize payments are subject to federal and state law and California Lottery regulations, policies and procedures. Copies of regulations are available at Lottery District Offices and on our website at [www.calottery.com](http://www.calottery.com). Tickets failing validation are void.*