DR 9198 (04/13/26)
COLORADO DEPARTMENT OF REVENUE - LOTTERY
PO Box 7
Pueblo CO 81002-0007
1-800-999-2959

Winner Claim Form

Instructions to Claimant:

- Please print legibly in black or blue ink.
- Complete items 1-9 and sign bottom of form.
- Fill out and sign back of ticket.

1. Social Security Number, ITIN, or FEIN ___ - ___ - ___
*Name and Taxpayer ID# provided must match with IRS.

2. LEGAL Name of Winner and Mailing Address Name printed here must exactly match name on ticket. Include spaces as needed.

Last | First | MI

Address | Apt # (if any)

City | State

ZIP Code | Telephone Number | Date of Birth (MM-DD-YYYY)

Email Address

3. Are you an employee or owner of any business that sells Lottery products? ☐ Yes ☐ No

Lottery Retailer (Business) Claimant Works For (If Applicable):

Claimant's Direct Supervisor

Address | Number

4. Citizenship (Check One)

- ☐ US Citizen – MUST provide Social Security Number in #1 above.
- ☐ Resident Alien – MUST provide Social Security Number in #1 above.
- ☐ Non-Resident Alien – please provide country of citizenship: _____

5. Identification

☐ Driver's License ☐ Passport ☐ Other _____

Number | State/Country

6. Privacy Act Notice

By my signature hereto, I indemnify the Colorado Lottery for any loss which may result if any of the foregoing information is not true and accurate. I understand that the Colorado Lottery is a state agency and therefore my name, city of residence and prize amount is public record and may be made available for public information. Under penalty of perjury, I declare that to the best of my knowledge and belief,

(A) the information provided in items 1-5 above is accurate, and correctly identifies me as the recipient of this payment, and

(B) I am not a person disqualified by statute or regulation from claiming and/or accepting a prize from the Lottery; and that: (CHECK ONE)

- ☐ No other person is entitled to any part of these payments; ***OR***
- ☐ The information provided on the attached form 5754 correctly identifies each person entitled to any part of this payment.

*SOCIAL SECURITY NUMBER REQUIRED if the amount of any one prize is $600 or more. If you do not provide the Lottery with a tax identification number and elect not to report your residency status, your prize will be subject to the Internal Revenue Service non-resident withholding requirements. Disclosure of your social security number is required for tax reporting and withholding purposes, pursuant to 42 U.S.C. § 405(c)(2)(C), 26 U.S.C. § 3402(q), 26 U.S.C. § 6041, and § 39-22-604, C.R.S. Colorado law also requires the Lottery to check social security numbers for the purpose of enforcing state lottery winning offsets, including those related to child support, obligations identified by the judicial department, and certain state debts. §§ 44-40-113, -114, C.R.S. If you are in arrears, the Lottery is required to withhold the amount in arrearage or the entire prize, whichever is less.

7. WINNERS OF $600 OR MORE
The Colorado Lottery will post my first name, first initial of my last name, hometown, the prize amount won, and the game I played on the Colorado Lottery's website.

8. JACKPOT WINNERS ONLY
Initial in one of the boxes below:
☐ Cash ☐ Annuity ☐ Undecided

Colorado Lotto+: Player has 60 days from date of claim to change payment option from Annuity to Cash.

PowerBall/Mega Millions: Player has 60 days after becoming entitled to a prize to elect a payment option.

9. Would you like direct deposit? ☐ Yes ☐ No
If funds are intercepted, you will receive a check for any remaining winnings.

Claimant's Signature | **Date**

LOTTERY USE ONLY BELOW THIS LINE

Claim Number	Employee Initials	TOTAL VALUE OF PRIZE CLAIMED $
Warrant Number	Security Initials	**Winning Ticket Type:**
Stock Number	Date of Claim	☐ Scratch ☐ Colorado Lotto+ ☐ Cash 5 ☐ PowerBall
Notes	Accurint Checked - Initials	☐ Mega Millions ☐ Pick 3 ☐ Millionaire For Life
		☐ Other _____