Winner Claim Form

Instructions to Claimant:

- Please print legibly in black or blue ink.
- Complete items 1-11 and sign bottom of form.
- Fill out and sign back of ticket.

DR 9168 (08/17/2017)
Colorado Lottery
P O Box 7
Pueblo, CO 81002-0007
1.800.999.2959

1. Claimant Type (Check one)

☐ Individual

☐ Individual claiming cash for a group – IRS form 5754 MUST be attached to this claim form. Form 5754 will not be accepted at a later date.

2. Social Security Number
*Name and Taxpayer ID# provided must match with IRS.

___ - __ - ____

3. 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

4. Telephone Number

___ - ___ - ____

5. Date of Birth (MM-DD-YYYY)

MM - DD - YYYY

6. Gender

☐ Male
☐ Female

7. Citizenship (Check one)

☐ US Citizen – MUST provide Social Security Number in #2 above.
☐ Resident Alien – MUST provide Social Security Number in #2 above.
☐ Non-Resident Alien – please provide country of citizenship: _____

8. Identification

Type: ☐ Driver's License ☐ Passport ☐ Other _____

Number State of Issuance

9. JACKPOT WINNERS ONLY
Initial in one of the boxes below:

☐ Cash ☐ Annuity ☐ Undecided

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.

10. Are you an employee or owner of any business that sells Lottery products?

☐ Yes ☐ No

If yes: Employer: _____

Address: _____

Contact: _____ Number: _____

11. 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- 10 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. Colorado and/or Federal Law require the Lottery to check Social Security Numbers for the purpose of enforcing child support, spousal support, criminal restitution laws, and state debt intercept. (See C.R.S. sections 26-13-118, 26-13-106, 24-35-212(5), 26-13-106(1) and 16-18.5-106.5, 5 U.S.C. section 552a and 42 U.S.C. sections 405(c)(2)(C)(vi) and 651 et seq.) If you are in arrears, the Lottery is required to withhold the amount in arrearage or the entire prize, whichever is less.**

Claimant's Signature **Date**

LOTTERY USE ONLY BELOW THIS LINE

Claim Number	Emp. Initials
Warrant Number	Security Initials
Stock Number	Date of Claim
Notes:	Accurint Checked - Initials

TOTAL VALUE OF PRIZE CLAIMED

$ _____

Winning Ticket Type:

☐ Scratch ☐ Lotto ☐ Cash 5 ☐ Powerball
☐ Mega Millions ☐ Pick 3 ☐ Lucky For Life
☐ Other _____