



## WINNER INSTRUCTIONS & CLAIM FORM

1. Completely fill in the back of your ticket.
2. Complete and deliver the following form, together with the original winning ticket and your government-issued ID to either of the following **Arizona Lottery** locations:

**Phoenix Office** - 4740 E. University Dr., Phoenix, AZ 85034

**Sky Harbor Airport Office** - Terminal 4 Baggage claim, Phoenix, AZ 85034

**Tucson Office** - 2955 E. Grant Rd., Tucson, AZ 85716

**Kingman Office** - 3396 Stockton Hill Rd., Kingman, AZ 86409

Or mail your ticket, claim form, and a copy of your government-issued ID to the Arizona Lottery at: **P.O. Box 2913, Phoenix, AZ 85062-2913.**

3. Questions? Contact us at 480-921-4400 or visit ArizonaLottery.com

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

U.S. CITIZEN  RESIDENT ALIEN  NON-RESIDENT  Email \_\_\_\_\_

ARE YOU AN EMPLOYEE **OR** OWNER OF A RETAILER THAT SELLS LOTTERY PRODUCTS: YES  NO

Prize Amount \$ \_\_\_\_\_

**For Claims of \$100,000 or Greater Only:** DO YOU WISH TO REMAIN PERMANENTLY ANONYMOUS? YES  NO

**Under penalty of perjury, I certify and declare by my signature below that:**

- I am at least 21 years of age;
- I understand that, under A.R.S. § 5-566, a person who, with intent to defraud, falsely makes, alters, forges or counterfeits a state Lottery ticket will be charged with a class 3 felony punishable by imprisonment;
- Pursuant to A.R.S. § 5-567, I am not a prohibited player;
- (For winners of prizes of \$100,000 or more) I understand that, under A.R.S. § 5-573(D), I have the right to elect for permanent confidentiality. I understand that if I do not elect for permanent confidentiality, my name will be a public record and may be released, upon a public record request or court order, 90 days from the date my prize is awarded;
- I understand that, under A.R.S. § 5-573(C), my prize information will be reported by my social security number to the Arizona Department of Economic Security and that my prize may be used to offset any child support or State of Arizona debt owed by me; and
- I understand that my taxpayer ID must be provided for tax reporting purposes under 26 U.S.C. § 6109; and I have provided my correct name, address and taxpayer ID number, as the recipient of this prize.

Claimant's Signature: \_\_\_\_\_ Date \_\_\_\_\_