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

PLAYER INFORMATION

LAST NAME
FIRST NAME
MI
SUFFIX
DATE OF BIRTH
MONTH
DAY
YEAR
ADDRESS 1
ADDRESS 2
CITY
STATE
COUNTRY
PHONE
AREA CODE
E-MAIL

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
Other (specify)
White

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
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.

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

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

CODE(S)
REASON
RELEASED
INITIALS
FINAL
CRN

(SEE BACK OF FORM FOR MORE INFORMATION)
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 US 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 front of this form.
4. Sign the front 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)
For additional copies of this form see www.calottery.com/win

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, 8:00am to 5:00pm.

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 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 §§ 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 only be used 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: Public Records Act Coordinator.

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. Tickets failing validation are void.
CALIFORNIA LOTTERY
730 NORTH 10TH STREET
SACRAMENTO CA 95811-0336