FORM DOL 173-2 REVISED 2/2023



WINNER CLAIM FORM

Privacy Act Notice and Instructions are on the back of this Form For more information, visit our website at flalottery.com

PLEASE COMPLETE
IN PEN AND SUBMIT
A COPY OF YOUR
IDENTIFICATION

CLAIMANT - COMPLETE THIS SECTION

1.	CLAIMANT TY	PE: [11	NDIV	/IDU/	AL C	I IND	IVID	UAL	CLA	IMIN	G F	OR A	4 GR	OUI	P - IR	S FO	RM	575	4 M	UST	ГАС	CON	۱A۹۸	NY P	RESE	NTE	CL/	AIM
	IF CLAIMI	NG I	PRIZ	ZE IN	N TH		ME (EST/	ATE,	, OF	NC	N-I	PRO	FIT,			
2.	NAME AS LIST	ED V	VITH	I TH	E IN								CL	-11/41	roi	X/VI -	- EIV												
	F I R S	Т		Ν	А	М	E	Т	Τ	Т	Т		1		M		D	D	L	Е	Т	N	Α	M	Е	Т			
	FIRST NAME												_		MIC	DLE													
	L A S T		Ν	А	M	Е																							
	LAST NAME					-	-						-											_	SUF	FIX (R/SR	(/#)	
3.	U.S. SOCIAL S	ECU	RITY	'NU	IMBI	ER	П			<u>-</u> Г	T		_ [Т	Т	Т													
4.	DATE OF BIRT	H (A	۱-M۸	DD-'	YYY	Y) [ㅜ	<u> </u>	一	Т	7-		Т			1													
5.	CITIZENSHIP (CHEC	K O	NE)							_		6	. TI	LEP	HO	NE												
•	U.S. CITIZE			,												ARY #		Т	Т	٦_	Г	Т	Т	٦_			Т	\neg	
	RESIDENT A	ALIEN	I (OR	l OTI	HER I	U.S PI	ERSO	N)										, _	+	_	4	_	+		7		_	_	
	NON U.S.	CITIZ	EN/I	101	√ RE	SIDEN	√T ALI	EN		_				St	:CO	NUA	ARY #	L	_		Ш.			_					
			\bot	L									7	. EM	ΔIL	Г								@)				\neg
	CC	UNTR	RY OF	CITI	ZENS	SHIP							-			L													
8.	MAILING ADD	RES	s	Т	Т		Τ	Π														Τ			Π	Π			٦
9.	APT/UNIT #		T	亡	T	$\overline{\Box}$	1	0. (CITY	,												T							
	. STATE		寸		12	 2. ZI	P CO	DF						 -				乛											
	. COUNTY		╡	\neg] _(E)	J L	V C LII	14 5	BROW	/A DE	\ C \	шо	LIKI	ETC	1						
13	. COUNTI		_	\perp] (E/	۸. AL/	АСПІ	JA, E	SKO VI	AKL), СА	ILITO	UIN,	, EIC	.]						
I und lotte	derstand that any pe ry ticket; or who kno	erson v owingl	vho kr ly files	nowir s a clo	ngly p	oresents ased o	s a cou n facts	nterfe that	eit or are u	altere	ed lotte , is in	ery ti violc	icket; ation c	or whof Sec	io, w tion 2	ith int 24.1	tent to 18(3),	defr Flori	aud, ida S	falsel tatute	ly mo es, ar	akes, nd is	alters guilty	, forg	ges, p felon	asses y of th	or co	unterf d deg	eits a ree.
14.	CERTIFICATIO	N																											
	der penalty of peri		certify	y tha	t all i	nform	ation p	orovio	ded o	on th	is forr	n is	true o	and c	orre	ct an	d that	t: (ch	eck	all bo	oxes	s belo	ow th	at ap	oply)				
	I am the rightfu				,	author	ized r	epres	senta	tive (of the	righ	ntful c	wner	of t	he w	inning	g tick	cet su	ıbmit	tted ¹	with	this f	orm.					
L	lam 18 years					le .	רר ו	1.		00							61.1					ı.							
L	I am not subjec	ct to b	acku	p wit	nnoic	ding o	t tede	ral fa	xes	OK		I ar	n sub	olect t	o bo	ickup	with	hold	ing c	of fec	dera	I faxe	es.						
15	CLAIMANT S	IGNI	A TI II	DE																\neg	DA	ATE							_
15.	CLAIMANI S	IGNA	AIOF	ΧE																	DF	AI E	L						
								F	OR	LC	TTC	ER	Y	USI	C	N	LY:												
LOTTE	RY OFFICE						RE	CEIVE	ED BY	,											DATE								
D TYF	PE/NUMBER																			(CLAI	M NL	IMBER						
TICKE	T SERIAL NUMBER/\	/IRN																											

FORM DOL 173-2 REVISED 2/2023



WINNER CLAIM FORM

Privacy Act Notice and Instructions are on the back of this Form For more information, visit our website at flalottery.com

PLEASE COMPLETE
IN PEN AND SUBMIT
A COPY OF YOUR
IDENTIFICATION

CLAIMANT - COMPLETE THIS SECTION

IF CLAIMING PRIZE IN THE NAME OF A CORPORATION, PARTNERSHIP, TRUST, ESTATE, OR NON-PROFIT, PLEASE USE THE WINNER CLAIM FORM - ENTITY 2. NAME AS LISTED WITH THE INTERNAL REVENUE SERVICE FIRST NAME LAST NAME WIDDLE LAST NAME 3. U.S. SOCIAL SECURITY NUMBER 4. DATE OF BIRTH (MM-DD-YYYY) BY CHARLES OF BIRTH (MM-DD-YYYY) COUNTRY OF CITIZENSHIP 7. EMAIL 8. MAILING ADDRESS 9. APT/UNIT # 10. CITY 11. STATE 12. ZIP CODE (EX. ALACHUA, BROWARD, CALHOUN, ETC.)
FIRST NAME LAS T NA M E LAST NAME SUFFIX (IR/SR/#) 3. U.S. SOCIAL SECURITY NUMBER 4. DATE OF BIRTH (MM-DD-YYYY) B. CITIZENSHIP (CHECK ONE) RESIDENT ALIEN (OR OTHER U.S PERSON) NON U.S. CITIZEN/NON RESIDENT ALIEN COUNTRY OF CITIZENSHIP 8. MAILING ADDRESS 9. APT/UNIT # 10. CITY 11. STATE 12. ZIP CODE
FIRST NAME LAST NAME SUFFIX (JIR/SR/#) 3. U.S. SOCIAL SECURITY NUMBER 4. DATE OF BIRTH (MM-DD-YYYY) 5. CITIZENSHIP (CHECK ONE) RESIDENT ALIEN (OR OTHER U.S PERSON) NON U.S. CITIZEN/NON RESIDENT ALIEN COUNTRY OF CITIZENSHIP 7. EMAIL @ 8. MAILING ADDRESS 9. APT/UNIT # 10. CITY 11. STATE 12. ZIP CODE
L A S T N A M E LAST NAME SUFFIX (JR/SR/#) 3. U.S. SOCIAL SECURITY NUMBER 4. DATE OF BIRTH (MM-DD-YYYY) 5. CITIZENSHIP (CHECK ONE)
LAST NAME SUFFIX (JR/SR/#) 3. U.S. SOCIAL SECURITY NUMBER 4. DATE OF BIRTH (MM-DD-YYYY) 5. CITIZENSHIP (CHECK ONE) RESIDENT ALIEN (OR OTHER U.S PERSON) NON U.S. CITIZEN/NON RESIDENT ALIEN COUNTRY OF CITIZENSHIP 8. MAILING ADDRESS 9. APT/UNIT # 10. CITY 11. STATE 12. ZIP CODE
3. U.S. SOCIAL SECURITY NUMBER 4. DATE OF BIRTH (MM-DD-YYYY) 5. CITIZENSHIP (CHECK ONE) CRESIDENT ALIEN (OR OTHER U.S PERSON) NON U.S. CITIZEN/NON RESIDENT ALIEN COUNTRY OF CITIZENSHIP 7. EMAIL 8. MAILING ADDRESS 9. APT/UNIT # 10. CITY 11. STATE 12. ZIP CODE
4. DATE OF BIRTH (MM-DD-YYYY)
5. CITIZENSHIP (CHECK ONE) U.S. CITIZEN RESIDENT ALIEN (OR OTHER U.S PERSON) NON U.S. CITIZEN/NON RESIDENT ALIEN COUNTRY OF CITIZENSHIP 8. MAILING ADDRESS 9. APT/UNIT # 10. CITY 11. STATE 12. ZIP CODE
U.S. CITIZEN RESIDENT ALIEN (OR OTHER U.S PERSON) NON U.S. CITIZEN/NON RESIDENT ALIEN COUNTRY OF CITIZENSHIP 8. MAILING ADDRESS 9. APT/UNIT # 10. CITY 11. STATE 12. ZIP CODE
RESIDENT ALIEN (OR OTHER U.S PERSON) NON U.S. CITIZEN/NON RESIDENT ALIEN COUNTRY OF CITIZENSHIP 8. MAILING ADDRESS 9. APT/UNIT # 10. CITY 11. STATE 12. ZIP CODE
NON U.S. CITIZEN/NON RESIDENT ALIEN COUNTRY OF CITIZENSHIP 7. EMAIL Q 8. MAILING ADDRESS 9. APT/UNIT # 10. CITY 11. STATE 12. ZIP CODE
8. MAILING ADDRESS 9. APT/UNIT # 10. CITY 11. STATE 12. ZIP CODE 1
8. MAILING ADDRESS 9. APT/UNIT # 10. CITY 11. STATE 12. ZIP CODE
8. MAILING ADDRESS 10. CITY 11. STATE 12. ZIP CODE -
9. APT/UNIT # 10. CITY 11. STATE 12. ZIP CODE
11. STATE 12. ZIP CODE
13. COUNTY (EX. ALACHUA, BROWARD, CALHOUN, ETC.)
I understand that any person who knowingly presents a counterfeit or altered lottery ticket; or who, with intent to defraud, falsely makes, alters, forges, passes or counterfeits lottery ticket; or who knowingly files a claim based on facts that are untrue, is in violation of Section 24.118(3), Florida Statutes, and is guilty of a felony of the third degree
14. CERTIFICATION Under penalty of perjury, I certify that all information provided on this form is true and correct and that: (check all boxes below that apply)
I am the rightful owner or the duly authorized representative of the rightful owner of the winning ticket submitted with this form.
☐ I am 18 years of age or older.
I am not subject to backup withholding of federal taxes OR I am subject to backup withholding of federal taxes.
15. CLAIMANT SIGNATURE DATE
FOR LOTTERY USE ONLY:
OTTERY OFFICE RECEIVED BY DATE
D TYPE/NUMBER CLAIM NUMBER
ICKET SERIAL NUMBER/VIRN

PRIVACY ACT NOTICE CLAIMANTS OF TICKETS VALUED AT \$600 OR MORE

Under the Federal Privacy Act, disclosure of a person's Social Security number is voluntary unless a Federal statute specifically requires such disclosure or allows states to collect the number. For claimants of winning lottery tickets valued at \$600 or more, disclosure is required by 26 U.S.C. s. 3402 and 26 U.S.C. s. 6109 for tax withholding and reporting purposes. The Lottery may also provide this information to law enforcement agencies to enforce criminal laws.

Under Section 119.071(5), Florida Statutes, an agency may collect Social Security numbers if it is imperative for the performance of the agency's duties and responsibilities. Notice is hereby provided that it is imperative that the Lottery collect the Social Security number of a claimant of a ticket valued at \$600 or more to determine whether the claimant owes an outstanding debt to a state agency or child support collected through a court, pursuant to Section 24.115, Florida Statutes, and for tickets valued at \$3,500 or more, to aid in determining eligibility or continued eligibility for state public assistance program(s), pursuant to Federal Regulation 273.11(r)(2), because the Social Security number is used as an identifier in the databases searched.

For claimants of winning lottery tickets valued at \$250,000 or more, the name of a winner of a prize is confidential and exempt from disclosure as a public record pursuant to Section 119.07 (1), Florida Statutes, and Section 24(a), Article 1 of the State Constitution for 90 days from the date the prize is claimed, unless the winner consents to the release of his or her name or as provided for in Section 24.115 (4), Florida Statutes, or Section 409.2577, Florida Statutes. After 90 days, the winner's name is no longer confidential and exempt.

TAX AND STATE-OWED DEBT INFORMATION

For tickets valued above \$5,000, federal income tax will be withheld. For tickets valued at \$600 or more, certain debts, including, but not limited to, those owed to a state agency and unpaid child support collected through a court will be deducted.

INSTRUCTIONS FOR CLAIMING YOUR PRIZE

COMPLETE THE BACK OF THE TICKET. PRINT YOUR NAME ON THE BACK. Payment will be made to the person whose name appears on the back of the ticket.

CARING FOR YOUR TICKET:

- 1. Store your ticket in a safe place until you are ready to redeem it. Do not expose your ticket to extreme sunlight or heat.
- 2. Do not laminate your ticket.
- 3. Do not expose your ticket to fatty substances such as oil, butter, or milk.
- 4. Water will affect a ticket if it is submerged for a prolonged period of time.
- 5. Do not alter any info, write over, erase or use white out on your ticket. Any modifications to the ticket will be reviewed and delay payment of claim.

CLAIM OPTIONS:

Winning tickets must be submitted by a claimant for validation to claim a prize. Winning tickets may be validated at any Lottery retailer or Lottery office. Ticket value is determined by adding all prizes on a single ticket.

- 1. Retailers: Winning tickets valued at less than \$600 may be redeemed at any Lottery Retailer.
- 2. Lottery district offices and Lottery Headquarters: While winning tickets of any value can be submitted to any Lottery office, certain games and prize amounts can be processed and paid at Lotter district offices while others must be processed through Lottery Headquarters.
 - a. District Offices: For games that do not offer an annual payment option, winning tickets valued at \$600 to \$1,000,000 may be processed and paid at any Lottery office.
 - b. Headquarters: All winning ticket prizes with an annual payment option and winning tickets valued at more than \$1,000,000 must be processed through Lottery Headquarters.
- 3. Mail: Winning tickets of any value may be claimed via mail by submitting the original ticket, the original Winner Claim Form (a Winner Claim Form is only required if the ticket is valued at \$600 or greater) and a copy of acceptable identification (see list below) to:

Florida Lottery, Claims Processing, 250 Marriott Drive, Tallahassee, FL 32399-9939 or to a Lottery district office. See flalottery.com for Lottery district office locations.

Envelopes containing winning Draw game tickets must be postmarked within 180 days after the date of the winning drawing, and envelopes containing winning Instant-win tickets must be postmarked within 60 days after the official end of game. TRACKABLE METHODS OF MAILING ARE RECOMMENDED. THE RISK OF MAILING TICKETS REMAINS WITH THE PLAYER.

COMPLETING THE WINNER CLAIM FORM:

- 1. Complete Section 1 in the name of one individual. The name and taxpayer identification number used must match the name used with the Internal Revenue Service.
- 2. After certifying that the information provided is correct, sign and date the Winner Claim Form where provided.
- 3. For tickets valued at \$600 or more, a copy of one form of identification must accompany your claim. The ID must be current or issued within the last 5 years and bear a serial or other identifying number.
- 4. "U.S. Person" is defined as an individual who is a U.S. citizen or U.S. resident alien.

HOW TO CLAIM:

- 1. To claim a Draw game prize, the claimant must (1) submit the winning ticket for validation at a Lottery office or retailer on or before the 180th day after the winning drawing, and (2) if the prize is not paid at that time, submit the ticket for prize payment at a Lottery office on or before the 210th day after the winning drawing. If the ticket has remaining drawings, a continuation ticket will be issued.
- 2. To claim an Instant-win (Scratch-Off or Fast Play) game prize, the claimant must (1) submit the winning ticket for validation at a Lottery office or retailer on or before the 60th day after the end of game, and (2) if the prize is not paid at that time, submit the ticket for prize payment at a Lottery office on or before the 90th day after the official end of game.
- 3. All required documentation to pay a prize must be received by the Lottery by the 210th or 90th day, respectively, or the prize will be forfeited. Any alteration different than the original submission will be reviewed and delay payment of claim.

ACCEPTABLE FORMS OF IDENTIFICATION:

- 1. A Florida Identification card or driver's license issued by a public agency authorized to issue driver's licenses.
- 2. A driver's license or an identification card issued by a public agency authorized to issue driver's licenses in a state other than Florida, a territory of the United States, or Canada or Mexico.
- 3. A passport issued by the Department of State of the United States.
- 4. A passport issued by a foreign government (prizes that do not require a notarized affidavit).
- 5. A passport issued by a foreign government stamped by the United States Bureau of Citizenship and Immigration Services (for prizes that require a notarized affidavit).
- 6. An identification card issued by any branch of the armed forces of the United States.
- 7. An identification card issued by the United States Bureau of Citizenship & Immigration Services.
- 8. Other proof of identity authorized for use by notaries public in Section 117.05 (5)(b)2., Florida Statutes.

