



TICKET CLAIM FORM

DSD <input type="checkbox"/>	CLAIM NO.
---------------------------------	-----------

MINNESOTA STATE LOTTERY USE ONLY			
GAME NAME	\$ PRIZE AMOUNT	CHECK NUMBER	PAYMENT AUTH. BY
SCRATCH VAL. NO. <input type="text"/>	AUTHORIZATION NUMBER <input type="text"/>	<input type="text"/>	<input type="text"/>

INSTRUCTIONS TO CLAIMANT

- SIGN YOUR NAME AND PRINT YOUR NAME AND ADDRESS ON BACK OF TICKET
- FILL OUT FORM COMPLETELY
- SIGN AND DATE THIS FORM AND KEEP YELLOW COPY FOR YOUR RECORDS
- TO CLAIM PRIZES OVER \$30,000, SEE BACK OF FORM
- TO CLAIM PRIZES UP TO AND INCLUDING \$30,000, BRING TICKET AND CLAIM FORM TO THE NEAREST LOTTERY OFFICE (listed on back of form) – OR MAIL THIS FORM TO: (Registered Mail Recommended)
MINNESOTA STATE LOTTERY
P.O. BOX 131000
ROSEVILLE, MN 55113
- SEE BACK OF FORM FOR ADDITIONAL INFORMATION

1. SCRATCH TICKET NO.	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
2. LOTTO GAME TICKET NUMBER	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
3. PRIZE CLAIMED \$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>
4. LAST NAME	<input type="text"/>				
FIRST NAME	<input type="text"/>			MIDDLE INITIAL	<input type="text"/>
5. ADDRESS	<input type="text"/>				
6. CITY	<input type="text"/>	7. STATE	<input type="text"/>	8. ZIP CODE	<input type="text"/>
9. NATION (e.g. USA, CAN etc.)	<input type="text"/>	10. PHONE NO.	<input type="text"/>	-	<input type="text"/>
11. SOCIAL SECURITY	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
12. RESIDENT STATUS	(Enter 1 if U.S. citizen, 2 if resident alien or 3 if non-resident alien)				
13. SEX (Enter M for male, Enter F for female)	<input type="text"/>	14. DATE PURCHASED	<input type="text"/>	-	<input type="text"/>
15. BIRTH DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>

16. RETAILER NAME (WHERE TICKET WAS PURCHASED)	17. RETAILER CITY (WHERE TICKET WAS PURCHASED)	18. FOR LOTTO GAME: QUICK PICK USED? (Y) (N)
--	--	--

19. **IF YOU ARE SHARING YOUR PRIZE, THIS SECTION MUST BE COMPLETED.**
Please read "SHARING A LOTTERY PRIZE" on reverse side of this form before answering these questions.

Is the prize from this lottery ticket being claimed by more than one person? YES

If Yes, how many persons will be claiming the prize? _____

If Yes, what percentage are you going to claim? _____ %

If Yes, what amount are you going to claim? \$ _____

20. THE LOTTERY MAY USE MY NAME AND PHOTO FOR PROMOTIONAL PURPOSES (check box if approval given). THE LOTTERY MAY USE MY NAME ONLY FOR PROMOTIONAL PURPOSES (check box if approval given).

If I have authorized use of my name and/or photo for promotional purposes as described above, it is without claim for payment or liability.
Winner's name, city and prize amount is public information and may be released and/or published.

I have read and understand the disclosures on page 2 of this claim form and declare, under penalty of perjury, that all information provided is true and correct to the best of my knowledge and that I am not ineligible to receive a prize from the Minnesota State Lottery under any rule, law or contract nor do I reside with an immediate family member that is ineligible to receive a prize under any law, rule, or contract. I understand that any person who, with intent to defraud, falsely makes, alters, forges or counterfeits a state lottery ticket, presents an altered or counterfeited ticket for payment, or otherwise claims a lottery prize by means of fraud, deceit, or misrepresentation is guilty of a felony punishable by a fine of \$50,000 or imprisonment for 10 years, or both.

CLAIMANT'S SIGNATURE: _____ DATE: _____

PRIZES OVER \$30,000

To claim prizes over \$30,000, you must present a completed claim form in person at the Minnesota State Lottery office in Roseville during regular business hours. Lottery office hours are 8 a.m. to 5 p.m. Monday through Friday (excluding holidays). Please call Public Relations at 651-635-8271 (Metro) or 1-888-LOTTERY [1-888-568-8379] (Toll Free Outstate), extension 8271, with estimated arrival date and time.

PRIZES OF \$30,000 OR LESS

To claim Scratch Game prizes or Lotto Game prizes of \$600 - \$30,000, you may present a completed claim form in person at any Lottery office or you may mail a completed claim form and ticket to the Minnesota State Lottery, P.O. Box 131000, Roseville, MN 55113. Scratch and Lotto Game prizes under \$600 may be claimed at any Lottery retailer or Lottery office. Please do not mail winning tickets and claim forms to any of the Lottery street addresses listed below. All prizes \$600 and over claimed at a Lottery office will be paid by check.

SHARING A LOTTERY PRIZE

If more than one person is sharing a Lottery prize from a single ticket, item 19 on the front of the form must be completed. Before the Lottery will pay the prize, each person sharing the prize must complete a claim form. For tax reporting purposes, the Lottery will only recognize those individuals who have filed a claim form for a particular prize. The Lottery will not accept an IRS Form 5754 unless each individual sharing the prize has filed a claim form.

DISCLOSURE OF SOCIAL SECURITY NUMBER

Your social security number may be used to report the amount of your prize to the Internal Revenue Service as required under federal law, and to determine whether you are delinquent in the payment of state taxes or owe a debt as defined under the Revenue Recapture Act as required by Minnesota Statutes, section 349A.08, subdivision 8.

NOTICE OF INTENDED USE OF DATA

Pursuant to Minnesota Statutes, section 13.04, subdivision 2, you are hereby informed that the social security number, street address and telephone number required on this claim form will be used by the Minnesota State Lottery to verify your claim for a Lottery prize. You have the right to refuse to supply the information requested. However, if you refuse to supply this information, the Minnesota State Lottery may not be able to verify your claim, and as a consequence, may refuse to pay the prize claimed. If you supply the information requested, the Minnesota State Lottery will be able to process your claim promptly.

After your claim has been verified and your prize has been received, the social security number, street address and telephone number provided by you is considered private data on individuals and will be available only to the following without permission: employees or agents of the Minnesota State Lottery whose work assignment requires that they have access to the information; parties to judicial proceedings pursuant to a court order; other individuals or agencies that may be specifically authorized by state statute or federal law to have access to such information; and individuals and agencies for which law or legal order authorizes a new use or sharing of the information after this Notice was given. Your name, the city and state where you reside and the prize won are public information and may be disclosed to the press and/or the public.

MINNESOTA STATE LOTTERY OFFICES

Please **DO NOT** mail winning tickets and completed claim forms to any of the street addresses below. The mailing address for winning tickets and completed claim forms is shown on the front of this form. Inquiries regarding mail-in claims can be made by calling the Roseville office.

ROSEVILLE - Headquarters

- 2645 Long Lake Road
Roseville, MN 55113
www.mnlottery.com

1-888-LOTTERY (1-888-568-8379) or (651) 635-8273
(select option #2)

REGIONAL OFFICES

- 130 Chestnut Street
Virginia, MN 55792
(218) 748-2450
- 1111 Highway 10 East
Detroit Lakes, MN 56501
(218) 846-0700
- 205 Cedardale Drive
Owatonna, MN 55060
(507) 444-2400
- 750 West College Drive
Marshall, MN 56258
(507) 537-6041

If you have any questions regarding completion of this form, please call us at the above voice numbers or 1-800-657-3833 TTY / 651-635-8268 TTY.

This document is available in alternative formats to individuals with disabilities by calling the numbers listed above.