



# NORTH CAROLINA EDUCATION LOTTERY WINNER CLAIM FORM

**STAPLE WINNING TICKET HERE**

**PLEASE DO NOT STAPLE  
THROUGH ANY NUMBERS OR  
PLAY AREA ON THE TICKET!!**

Please see the back of this form for detailed instructions

For more information, visit our website at [www.nc-educationlottery.org](http://www.nc-educationlottery.org)

## CLAIMANT – PLEASE PRINT WHEN COMPLETING THIS SECTION

1. CLAIMANT TYPE (CHECK ONE)  INDIVIDUAL  GROUP WINNERS – Complete Affidavit of Multiple Ownership (Substitute for IRS Form 5754)

2. U.S. SOCIAL SECURITY NUMBER OR TAX ID NUMBER

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3. MS. / MR.

FIRST	MIDDLE NAME	LAST
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4. ADDRESS

5. CITY

6. STATE

7. ZIP CODE

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8. COUNTY

9. DATE OF BIRTH (MM-DD-YYYY)

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10. U. S. CITIZEN or U.S. RESIDENT ALIEN	YES	NO		IF NO, state COUNTRY of Residence	Note: See Claim Form instruction # 4 on back for documentation requirements, which must be provided to process claim.
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11. AREA CODE & PHONE NUMBER										12. DO YOU OWN A STORE THAT SELLS LOTTERY?	YES	NO
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13. DO YOU WORK FOR A STORE THAT SELLS LOTTERY?	YES	NO	14. ARE YOU MARRIED TO OR LIVING IN THE SAME HOUSEHOLD AS A LOTTERY RETAILER OWNER? (IF YES, SPECIFY RELATIONSHIP: _____)	YES	NO
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15. If YES to #12, #13 or #14 provide - Retailer # \_\_\_\_\_ Store Name: \_\_\_\_\_ City: \_\_\_\_\_

- The Federal Privacy Act (Public Law 93-579), 5 U.S.C. §552a requires that this notice be provided when personal information is collected from individuals.
- The Player information requested on this form will be used to validate and process your claim in accordance with the North Carolina State Lottery Act and the regulations adopted thereunder (N.C.G.S. §§18C-120(b)(1) and 18C-132(l)). The NCEL requires a player's social security or tax identification number for tax withholding and reporting purposes, pursuant to 42 USC405(c)(2)(C)(i), 26 USC 3402(q), 26 USC 6041, 26 C.F.R. 31.3042(q)-1(e) and the regulations enacted thereunder.
- Information is collected to validate and process a claim and for promotional, investigative and administrative purposes. By submitting this claim, you consent and agree to such use, and waive claims whether known now or in the future related thereto. The NCEL is subject to N.C.G.S. §18C-113(d). Once a prize has been validated, the following facts are public information and may be subject to disclosure: (i) name, (ii) city and state of residence, (iii) game played, (iv) amount won, and (v) date won. For purposes of this subsection, amount won means the nominal prize amount, the cash payment if different from the nominal prize amount, and the cash payment after taxes are withheld. The NCEL will not disclose any other personal or identifying information without your permission unless legally mandated to do so.
- I understand that NCEL, its retailers and advertising agencies, and the news media may use my name, likeness, and statements for reproduction as it relates to winner awareness for purposes of advertising, promotion, display, or exhibition. Further, I understand that I may be asked to participate in interviews with NCEL public relations personnel.
- If I am claiming as an entity, other than as an individual, I certify that I am the legal representative authorized to sign any and all documents required by the NCEL to process this claim, and to bind such entity to the terms of this Claim Form and all NCEL rules and procedures.
- Under penalty of perjury, I certify that the taxpayer identification number shown on this form correctly identifies the recipient of this payment, I am a U.S. citizen or legal U.S. resident and I am not subject to backup withholdings (if applicable). The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.
- I understand that the NCEL, pursuant to the North Carolina State Lottery Act, will send my personal and prize information to the NC Department of Health and Human Services for its administrative use.

16. CLAIMANT SIGNATURE	DATE
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## FOR LOTTERY USE ONLY

17. REGIONAL OFFICE NO.	18. RECEIVED BY (Signature)	# Of Tickets	19. DATE
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## CLAIM FORM INSTRUCTIONS

Prizes may be claimed at any of the North Carolina Education Lottery Offices listed below. **Claims of \$100,000 or more must be presented at Lottery Headquarters.** Office Hours are 9:00 a.m. to 5:00 p.m., Monday through Friday. Your time is valuable to us; please call ahead so that the Lottery can prepare for your arrival. Withholdings will be made from prize earnings in accordance with all applicable laws.

- 1) Complete and sign the back of the ticket. The ticket must be signed in the name of one individual. If the claim and payment will be to a group of winners, then each participant in the group must complete the Affidavit of Multiple Ownership along with all required information (e.g. - claim form and proofs of identification). The Affidavit will serve as a substitute for IRS Form 5754 and must be completed at the time of claim and payment. IRS Form 5754 will not be accepted thereafter.
- 2) Complete the Claimant Section of the claim form (1 through 16). The claim form must be completed in the name of one individual or legal entity. Group winners must complete a claim form for each member of the group.
- 3) After reading the printed statement, sign and date the claim form in the spaces provided. If you are signing as a representative of a legal entity, provide your title.
- 4) Documentation Requirements:
  - For claims of \$600 or more, you will need to present a **State issued photo ID (preferably your Driver's License) and Social Security Card.** Proper forms of ID must verify name, signature, photo, age and social security number. The following is a list of acceptable forms of identification:

Proof of Photo ID

Valid Driver's License (any state)  
Valid Identification Card (any state)  
Passport or Visa  
U.S. Resident Alien Card

Proof of Official Social Security Number

Social Security Card (original)  
U.S. Military Card w/Social Security Number

- 5) To file your claim of \$600 or more by Mail, please send the completed claim form, original ticket and a copy of two forms of identification (that will verify your name, signature, age and social security number) to:

**North Carolina Education Lottery Headquarters  
P.O. Box 41606  
Raleigh, North Carolina 27629-1606**

- 6) Retain the yellow copy of the claim form for your records.

### NORTH CAROLINA EDUCATION LOTTERY OFFICES

Asheville Regional Office 16-G Regent Park Blvd. Asheville, North Carolina 28806	828-251-6223	Charlotte Regional Office 5029-A West W.T. Harris Blvd Charlotte, North Carolina 28269	704-523-4898
Greensboro Regional Office 20 Oak Branch Drive Greensboro, North Carolina 27407	336-218-5724	Greenville Regional Office 2790 Dickinson Avenue, Suite A Greenville, North Carolina 27834	252-756-7992
North Carolina Education Lottery Headquarters Raleigh Claim Center & Regional Office 2728 Capital Boulevard, Suite 144 Raleigh, North Carolina 27604	919-301-3637	Wilmington Regional Office 123 North Cardinal Extension Drive Suite 140 Wilmington, North Carolina 28405	910-350-2000

**For more information visit our website at [www.nclottery.com](http://www.nclottery.com) or call 1-877-962-7529, for Player Hotline.**