



**\*\* SIGN THE BACK OF YOUR TICKET \*\***  
*THIS FORM MUST BE SUBMITTED WITH THE WINNING TICKET TO THE KANSAS LOTTERY. INCOMPLETE FORMS WILL BE RETURNED.*

*(Print Legibly)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Mailing Address (If different than above): \_\_\_\_\_

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Mailing Zip: \_\_\_\_\_

SSN/ITIN: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

U.S. Citizen:  Yes  No

Amount of Prize: \$ \_\_\_\_\_ Ticket Number: \_\_\_\_\_

*All information which I have furnished on this form (including my name, address, taxpayer or social security number) is accurate, true, and correctly identifies me as the recipient of the prize being claimed; I have legally obtained rights to the prize I am claiming, that I am the lawful owner, and that I am not legally prohibited by law from making a claim or claiming a prize; I understand that any person who falsely makes, alters, forges, conceals their true identity upon, steals, embezzles, makes a fraudulent or illegal claim with, or counterfeits a Kansas Lottery ticket is guilty of one or more crimes, punishable by possible imprisonment; I indemnify and hold harmless the Kansas Lottery for any loss or expense it might incur if any of the information I have provided is not true and accurate.*

I declare under penalty of perjury that the foregoing is true and correct:

**Claimant's Signature: (REQUIRED)**

\_\_\_\_\_  
Date: \_\_\_\_\_

**W-9 CERTIFICATION**

*1. The number shown on this form is my correct Social Security Number, and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien).*

**Claimant's Signature: (REQUIRED)**

\_\_\_\_\_  
Date: \_\_\_\_\_

**Bring or mail the ticket and completed claim form to:**

**Kansas Lottery Claims  
128 N. Kansas Ave  
Topeka, KS 66603**

**For more information, visit us at  
www.kslottery.com or call 800-322-5688.**