

# CLAIM FORM



## TICKET INFORMATION

\_\_\_\_\_ \$ \_\_\_\_\_ / / \_\_\_\_\_  
TICKET NUMBER PRIZE AMOUNT DATE OF PRIZE WON

## PLAYER INFORMATION – PLEASE PRINT CLEARLY

The information requested on this Claim Form will be used to validate and process your claim in accordance with Ohio Lottery Commission Rules and Regulations and the Revised Code, and to comply with federal tax requirements. Failure to provide the information requested will delay the processing of your claim. Except for your social security number, the information on this Claim Form may also constitute a public record pursuant to Revised Code section 149.43.

\_\_\_\_\_ / \_\_\_\_\_ MI  
LAST NAME (PRINT) FIRST NAME (PRINT)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
CITY STATE ZIP CODE SOCIAL SECURITY NUMBER

\_\_\_\_\_ ( ) \_\_\_\_\_ / / \_\_\_\_\_  
EMAIL ADDRESS AREA CODE AND PHONE # DATE OF BIRTH

## CERTIFICATION

I hereby certify that all information provided by me on this Claim Form is true and accurate to the best of my knowledge and that the ticket has not been unlawfully obtained, made, altered, forged or counterfeited. I understand that my name, voice, signature, photograph, image or likeness will not be used by the Lottery for commercial purposes without my separate written consent.

## W-9 CERTIFICATION

I hereby certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding; and (3) I am a U.S. Citizen (including U.S. Resident Alien).

## AFFIRMATION

If the prize amount claimed is \$600 or greater I further affirm the following:

I am / am not (circle one) in default of an administrative or court order in Ohio requiring the payment of child or spousal support (Knowingly making a false affirmation regarding default under a child or spousal support order is a criminal offense under Revised Code section 3770.99(B)).

\_\_\_\_\_ / \_\_\_\_\_  
PLAYER SIGNATURE DATE

## INSTRUCTIONS

1. Complete TICKET INFORMATION and PLAYER INFORMATION sections of this claim form.
2. Sign both the claim form and back of ticket.
3. Mail both claim form and ticket to the following address:

**BetSkybox**  
**300 Marconi Blvd.**  
**Columbus, OH 43215**

## PAYMENT

- BetSkybox will mail check to address stated in claim form within five (5) business days of receipt of properly completed claim and ticket.
- If prize amount is \$600 or greater: 1) Amount will be reported to the Internal Revenue Service; and 2) BetSkybox will issue W-2G Form to player.
- Payment may be delayed if information in claim form is missing and/or not legible.