



SPORTS GAMING CLAIM FORM

FOR LOTTERY USE ONLY



PAYMENT INQUIRY

\$ _____ \$ _____ / / _____
MAXIMUM WINNING AMOUNT WAGER AMOUNT PROPRIETOR NAME EVENT DATE RETAILER NUMBER

SPORTS GAMING TICKET

BET TICKET CONTROL NUMBER

CLAIMANT SECTION - 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.

INSTRUCTIONS: Sign your name and print your name on the back of the ticket. Complete items 1 through 12 below. Sign this Claim Form, and if the prize amount is \$600 or greater, then also affirm that you either are, or are not, in default of a child/spousal support order. Be sure to include the original ticket. Keep a copy of all documentation of this claim for your records. **SEE BACK FOR MORE DETAILS.**

1. _____
LAST NAME (PRINT) FIRST NAME (PRINT) MI

2. _____
ADDRESS (CANNOT USE P.O. BOX)

3. _____ 4. _____ 5. _____ 6. _____
CITY STATE ZIP CODE SOCIAL SECURITY NUMBER

7. _____ 8. _____ 9. _____
EMAIL ADDRESS AREA CODE AND PHONE NUMBER DATE OF BIRTH (MM/DD/YYYY)

10. Are you a Lottery Retailer? YES NO 11. Are you employed by a Lottery Retailer? YES NO 12. Are you related to a Lottery Retailer? YES NO

13. If YES to any of the above, provide the following - Retailer Name: _____ Retailer Number: _____

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)).

CLAIMANT SIGNATURE DATE

CASHING LOCATION USE ONLY

AUTHORIZATION NUMBER LOCATION NUMBER PRIZE AMOUNT PHOTO ID

SPORTS GAMING PRIZE AMOUNTS OF \$600 OR GREATER AND 300X THE WAGER ARE REPORTED TO THE INTERNAL REVENUE SERVICE AND SUBJECT TO APPLICABLE TAX WITHHOLDINGS. THE OHIO LOTTERY ISSUES A W-2G FORM TO THE WINNER.

RETAILER CLAIM PROCESSING INFORMATION

AFTER VALIDATING A WINNING TICKET, ATTACH THE ORIGINAL TICKET TO THE CLAIM FORM AND GIVE ALL DOCUMENTS TO THE CLAIMANT.

RECEIPT TYPES AND PAYMENT OPTIONS

- Prize amounts of less than \$600 are the responsibility of the Sports Bet Ohio retailer for payment.
- Prize amounts that are greater than \$600 can be dropped-off at an Ohio Lottery regional office or sent via mail to the Lottery central office following the check payment procedures below.

I. CASHING LOCATIONS METHOD OF PAYMENT

Requires presenting a completed Claim Form and original ticket to an authorized cashing location for drop-off. Proper identification is required. A valid photo identification (for example, a driver's license) containing the ticket holder's current address will fulfill this requirement.

II. CASHING LOCATIONS PROCEDURES

Claimant signs the original ticket and presents it to an authorized cashing location for payment along with a filled out Claim Form.

III. CHECK PAYMENT METHOD

Check will be processed **within** 30 business days, free of charge, unless circumstances such as payment of child or spousal support, State debt or incomplete information require additional processing time. This mail-in or regional payment method is required for prize amounts over \$600.

CHECK PAYMENT INSTRUCTIONS

1. Claimant will present a signed original ticket to a Sports Bet Ohio retailer for validation.
2. The Sports Bet Ohio Retailer will give the claimant the original ticket.
3. The Claim Form must be completed and signed, regardless of state/county residence.
4. Mail the Claim Form and original tickets to:

**The Ohio Lottery – Room 452
615 West Superior Avenue
Cleveland, Ohio 44113-1879**

If you send by mail, keep a copy of the Claim Form and original ticket for your records.

VALIDATION

All tickets have limited validation periods established by the Ohio Lottery. Present rules call for tickets to be cashed within 180 days of the completion of the sports gaming event on the ticket. For tickets with multiple events, the date of the last event will apply.

THE OHIO LOTTERY IS NOT RESPONSIBLE FOR LOST MAIL

Claimant may also validate the ticket and complete Claim Form at any of the Ohio Lottery's Regional Offices

**<https://sportsbetohio.us> • SPORTS BET OHIO CUSTOMER SERVICE: 1-833-515-0578
www.ohiolottery.com • CUSTOMER SERVICE: 1-800-686-4208**

OHIO LOTTERY

REGIONAL OFFICES:

Cleveland

1100 Resource Drive
Brooklyn Heights, OH 44131
216-774-5671

Toledo

315 Arco Drive
Toledo, OH 43607
1-800-589-6442

Dayton

7462 Webster Street
Dayton, OH 45414
1-800-589-6463

Cincinnati

10840 Kenwood Road
Cincinnati, OH 45242
1-800-589-9882

Columbus

780 Morrison Road
Columbus, OH 43230
1-800-589-6445

Athens

190 West Union St. Suite 101
Athens, OH 45701
1-800-589-6466

Akron-Canton

5926 Mayfair Road
North Canton, OH 44720
1-800-589-6467

Youngstown

242 Federal Plaza West
Youngstown, OH 44503
1-800-589-6468

Lorain

300 West Erie & Broadway
Lorain, OH 44052
1-800-589-6469