

In-office claim hours may change. Please refer to our website or call the office for hours of operation.

CLAIM NUMBER _____



MONTANA LOTTERY WINNER CLAIM FORM

POST OFFICE BOX 6073 HELENA, MT 59604-6073 PHONE: 406.444.5825 FAX: 406.444.5830 MONTANALOTTERY.COM

INSTRUCTIONS TO CLAIMANT

Print your name, address and phone number on the back of your ticket(s). **YOU MUST SIGN EACH WINNING TICKET.**

Complete the shaded section below in its entirety. A signature and date is required by law. Forms not correctly filled out will be returned to the winner, which will delay receipt of Lottery winnings

Winners receiving prizes of \$600 or more must submit a clear photocopy of their driver's license or another valid form of identification with this form. Valid forms of identification include a state-issued I.D. card, a military I.D., or a valid passport. If you have questions about other forms of acceptable identification, call us at 406.444.5825.

Retain a photocopy of both the front and back of each winning ticket(s) as well as this claim form for your personal records.- Mail this original claim form along with your winning ticket(s) to Montana Lottery, P.O. Box 6073, Helena, Montana 59604-6073. **Certified mail is recommended.**

You may also claim Lottery winnings in person from 8AM-4:30PM Monday-Friday at Montana Lottery Headquarters located in Helena at 2525 North Montana Avenue. Any winning Montana Lottery ticket worth \$599 or less can be cashed at any participating Montana Lottery retailer.

CONFIDENTIALITY OF PLAYERS: The personal information about a player who participates in Lottery games and sports gambling is confidential and may not be disclosed to the public unless the player authorizes, in writing, the release of the information. For prizes over \$600, a player's Social Security or federal tax identification number is required for tax reporting and withholding under federal Internal Revenue Code sections 6011, 6041, 6109, 3402 and the regulations enacted thereunder. Information provided may be disclosed to state and federal government agencies, including the Montana Department of Public Health and Human Services, the Montana Department of Labor, the Montana Department of Revenue and the federal Internal Revenue Service.

Include your ORIGINAL winning ticket with this claim form.

DO NOT ATTACH TICKETS TO THIS FORM.

THIS AREA FOR SECURITY USE ONLY.

CLAIMANT – COMPLETE SHADED SECTION IN ITS ENTIRETY

WINNER INFORMATION				REQUIRED
[Redacted]				
FIRST NAME		MIDDLE	LAST NAME	
[Redacted]				
MAILING ADDRESS		CITY	STATE	ZIP
[Redacted]				
SOCIAL SECURITY NUMBER		PHONE NUMBER (DAYTIME)	US CITIZEN	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU PROVIDE PERMISSION FOR THE MONTANA LOTTERY TO DISCLOSE YOUR NAME WHEN PROMOTING THIS PRIZE WIN?				<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AN EMPLOYEE OR OWNER OF A BUSINESS HOLDING A MONTANA LOTTERY RETAIL LICENSE?				<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, name and address of business: [Redacted]				
SIGNATURE REQUIRED				
By my signature, I indemnify the Montana Lottery for any loss which may result if any of the foregoing information is not true and accurate. I understand that the Montana Lottery is a state agency and my city of residence, prize amount, game played and location where wager was made will be released to the public. I understand that my name is not public information and will not be released to the public without my authorization. Under penalty of perjury, I declare to the best of my knowledge and belief, (a) the name, address, and taxpayer identifying number which I have furnished correctly identify me as the recipient of this payment; and (b) I am not a person disqualified by statute or regulation from claiming and/or accepting a prize from the Montana Lottery.				
[Redacted]				
CLAIMANT'S SIGNATURE			DATE	

THIS AREA FOR MONTANA LOTTERY USE ONLY

TICKET INFORMATION	TICKET TRACKER NUMBER	PRIZE	WINNER PAYMENT	LOTTERY USE ONLY
		\$ _____	<input type="checkbox"/> PR <input type="checkbox"/> ANNUITY <input type="checkbox"/> OTHER	
		\$ _____		
		\$ _____		LOTTERY USE ONLY
				TOTAL PRIZE \$

DOES THE CLAIMANT PROVIDE PERMISSION FOR THE MONTANA LOTTERY TO DISCLOSE YOUR NAME WHEN PROMOTING THIS PRIZE WIN?