

CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code	1 Reportable winnings	2 Date won
	\$	
	3 Type of wager	4 Federal income tax withheld
	\$	\$
PAYER'S federal identification number	PAYER'S telephone number	5 Transaction
		6 Race
WINNER'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code	7 Winnings from identical wagers	8 Cashier
	9 Winner's taxpayer identification no.	10 Window
	11 First identification	12 Second identification
	13 State/Payer's state identification no.	14 State winnings
	\$	\$
	15 State income tax withheld	16 Local winnings
	\$	\$
	17 Local income tax withheld	18 Name of locality
	\$	

OMB No. 1545-0238

Form W-2G Certain Gambling Winnings

(Rev. January 2021)
For calendar year 20 ____

This information is being furnished to the Internal Revenue Service.

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ►

Date ►

DETACH BEFORE MAILING
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

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