

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 \$
	5 Transaction	6 Race
	7 Winnings from identical wagers	8 Cashier
PAYER'S federal identification number	PAYER'S telephone number	\$
WINNER'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code	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 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

**Copy 2** Attach this copy to your state, city, or local income tax return, if required or **Copy C** For Winner's Records.

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

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 \$
	5 Transaction	6 Race
	7 Winnings from identical wagers	8 Cashier
PAYER'S federal identification number	PAYER'S telephone number	\$
WINNER'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code	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 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

**Copy 2** Attach this copy to your state, city, or local income tax return, if required or **Copy C** For Winner's Records.

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 ►