

VOID  CORRECTED

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	5 Transaction	6 Race
	7 Winnings from identical wagers	8 Cashier
PAYER'S telephone number	9 Winner's taxpayer identification no.	10 Window
WINNER'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code	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 \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the current **General Instructions for Certain Information Returns.**

**Copy 1**  
 For State, City or Local Tax Department or Copy D for Payer

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 ►

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