3232
CORRECTED

| PAYER'S name | 1 Gross winnings | 2 Federal income tax withheld | OMB No. 1545-0238 |
| :---: | :---: | :---: | :---: |
| Street address | 3 Type of wager | 4 Date won | $5093$ |
|  |  | . | Certain Gambling |
| City, state, and ZIP code | 5 Transaction | 6 Race |  |
| Federal identification number | 7 Winnings from identical wagers | 8 Cashier | Winnings |
|  |  |  | For Paperwork |
| WINNER'S name | 9 Winner's taxpayer identification no. | 10 Window | Reduction Act Notice and instructions for |
| Street address (including apt. no.) | 11 First I.D. | 12 Second I.D. | completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G. |
| City, state, and ZIP code | 13 State/Payer's state identification no. | 14 State income tax withheld |  |
|  |  |  | File with Form 1096. |
| 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. |  |  | Copy A |
| Signature | Date - |  | For Internal Revenue Service Center |
| orm W-2G | Cat. No. 10138V | Department of the Tre | ury - Internal Revenue Service |

## Payers, Please Note-

Specific information needed to complete this form and forms in the 1099 series is given in the Instructions for Forms 1099, 1098, 5498, and W-2G. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676).

Furnish Copies B and C of this form to the winner by J anuary 31, 1994.

File Copy A of this form with the IRS by February 28, 1994.

CORRECTED

| PAYER'S name, address, ZIP code, and Federal identification number | 1 Gross winnings | 2 Federal income tax withheld | OMB No. 1545-0238 |
| :---: | :---: | :---: | :---: |
|  | 3 Type of wager | 4 Date won | Certain Gambling Winnings |
|  | 5 Transaction | 6 Race |  |
|  | 7 Winnings from identical wagers | 8 Cashier |  |
| WINNER'S name, address (including apt. no.), and ZIP code | 9 Winner's taxpayer identification no. | 10 Window | Copy 1- <br> For State Tax Department |
|  | 11 First I.D. | 12 Second I.D. |  |
|  | 13 State/Payer's state identification no. | 14 State income tax withheld |  |
| 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. |  |  |  |
| orm W-2G |  | Department of the Tr | rnal Revenue Service |

CORRECTED (if checked)

| PAYER'S name, address, ZIP code, and Federal identification number | 1 Gross winnings | 2 Federal income tax withheld | OMB No. 1545-0238 |
| :---: | :---: | :---: | :---: |
|  | 3 Type of wager | 4 Date won | foy 9 <br> Certain <br> Gambling <br> Winnings |
|  | 5 Transaction | 6 Race |  |
|  | 7 Winnings from identical wagers | 8 Cashier |  |
| WINNER'S name, address (including apt. no.), and ZIP code | 9 Winner's taxpayer identification no. | 10 Window | This information is being furnished to the Intenal Revenue Service. |
|  | 11 First I.D. | 12 Second I.D. |  |
|  | 13 State/Payer's state identification no. | 14 State income tax withheld | Copy B <br> Report this income on your Federal tax return. If this form shows tax was withheld, 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 - |  |  |

CORRECTED (if checked)

| PAYER'S name, address, ZIP code, and Federal identification number | 1 Gross winnings | 2 Federal income tax withheld | OMB No. 1545-0238 |
| :---: | :---: | :---: | :---: |
|  | 3 Type of wager | 4 Date won |  |
|  | 5 Transaction | 6 Race | Certain Gambling Winnings |
|  | 7 Winnings from identical wagers | 8 Cashier |  |
| WINNER'S name, address (including apt. no.), and ZIP code | 9 Winner's taxpayer identification no. | 10 Window | 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. |
|  | 11 First I.D. | 12 Second I.D. |  |
|  | 13 State/Payer's state identification no. | 14 State income tax withheld |  |
| 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. |  |  | Copy C |
| Signature $\downarrow$ | Date - |  | Records |

## Instructions to Winner

Box 1.-The payer must report gambling winnings on Form W-2G if you receive:

1. $\$ 600$ or more in gambling winnings from:
a. Horse racing, dog racing, jai alai, state lotteries, and other wagering transactions not specifically referred to in $\mathbf{1 b}$, $\mathbf{2}$, or 3, and the winnings are at least 300 times the amount of the wager; or
b. Lotteries, raffles, sweepstakes, wagering pools, or drawings, such as those held by churches or civic organizations;
2. $\$ 1,200$ or more of gambling winnings from bingo or slot machines; or
3. $\$ 1,500$ or more of proceeds (the amount of winnings less the amount of the wager) from keno.

Generally, report the amount in box 1 on your Form 1040 on the line for "Other income."

Box 2.-Any Federal income tax withheld on these winnings is shown in this box. Federal income tax must be withheld at the rate of $28 \%$ on certain winnings less the wager. Whether Federal income tax must be withheld depends on the type and amount of the winnings, including winnings from identical wagers, and the odds.

In addition, if you did not provide your social security number to the payer, the amount in this box may be backup withholding at a $31 \%$ rate.

Include the amount shown in box 2 on your tax return as Federal income tax withheld.
Signature.-You must sign Form W-2G if you are the only person entitled to the winnings and the winnings are subject to regular gambling withholding.
Other Winners.-The payer should ask you to prepare Form 5754, Statement by Person(s) Receiving Gambling Winnings, if another person is entitled to any part of these winnings.

CORRECTED (if checked)


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 -

CORRECTED

| PAYER'S name, address, ZIP code, and Federal identification number | 1 Gross winnings | 2 Federal income tax withheld | OMB No. 1545-0238 |
| :---: | :---: | :---: | :---: |
|  | 3 Type of wager | 4 Date won |  |
|  | 5 Transaction | 6 Race | Certain Gambling Winnings |
|  | 7 Winnings from identical wagers | 8 Cashier |  |
| WINNER'S name, address (including apt. no.), and ZIP code | 9 Winner's taxpayer identification no. | 10 Window | For Paperwork Reduction Act Notice and instructions for completing this form see Instructions for Forms 1099, 1098, 5498, and W-2G |
|  | 11 First I.D. | 12 Second I.D. |  |
|  | 13 State/Payer's state identification no. | 14 State income tax withheld |  |
| 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. |  |  | Copy D |
|  |  |  |  |

