3232	3232 CORRECTED			
PAYER'S name	1 Gross winnings	2 Federal income tax withheld		
Street address	3 Type of wager	4 Date won		
City, state, and ZIP code	5 Transaction	6 Race		
Federal identification number	7 Winnings from identical wagers	8 Cashier		
WINNER'S name	9 Winner's taxpayer identification no.	10 Window		
Street address (including apt. no.)	11 First I.D.	12 Second I.D.		
City, state, and ZIP code	13 State/Payer's state identification no.	14 State income tax withheld		
Under nanalties of periury I declare that to the best of my knowledge and beli	iaf the name address and taynaver ider	atification number that I have furnished		

OMB No. 1545-0238

1994

Certain Gambling Winnings

For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.

File with Form 1096.

Copy A For Internal Revenue Service Center

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 ►
Form W-2G

Cat. No. 10138V

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	1994
	5 Transaction	6 Race	Certain Gambling
	7 Winnings from identical wagers	8 Cashier	Winnings
WINNER'S name, address (including apt. no.), and ZIP code	9 Winner's taxpayer identification no.	10 Window	
	11 First I.D.	12 Second I.D.	Сору 1—
	13 State/Payer's state identification no.	14 State income tax withheld	For State Tax Department
Under penalties of perjury, I declare that, to the best of my knowledge and bel correctly identify me as the recipient of this payment and any payments from idea			
Signature ▶	С	oate ►	

	CORRECTED (if checked	d)		
PAYER'S name, address, ZIP code, and Federal	1 Gross winnings	2 Federal income tax withheld	OMB No. 1545-0238	
identification number			1994	
	3 Type of wager	4 Date won	Teel	
			Certain	
	5 Transaction	6 Race	Gambling	
	7 Winnings from identical wagers	8 Cashier	Winnings	
WINNER'S name, address (including apt. no.), and ZIP code	9 Winner's taxpayer identification no.	10 Window	This information is being furnished to	
	11 First I.D.	12 Second I.D.	the Internal Revenue Service.	
	13 State/Payer's state identification no.	14 State income tax withheld	Copy B Report this income on your	
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.			Federal tax return. If this form shows Federal income tax withheld in box 2, attach	
Signature ►	D	Oate ►	this copy to your return.	

	CORRECTED (if checked	d)	
PAYER'S name, address, ZIP code, and Federal identification number	1 Gross winnings	2 Federal income tax withheld	OMB No. 1545-0238
identification number			1994
	3 Type of wager	4 Date won	
	5 Transaction	6 Race	Certain Gambling
	7 Winnings from identical wagers	8 Cashier	Winnings
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
	11 First I.D.	12 Second I.D.	Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on
	13 State/Payer's state identification no.	14 State income tax withheld	you if this income is taxable and the IRS determines that it has not been reported.
	der 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 rectly 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.		Сору С
Signature ►	D	ate ►	For Winner's 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 1b,
 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.

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	d)	
PAYER'S name, address, ZIP code, and Federal identification number	1 Gross winnings	2 Federal income tax withheld	OMB No. 1545-0238
Identification number			1994
	3 Type of wager	4 Date won	1934
			Certain
	5 Transaction	6 Race	Gambling
	7 Winnings from identical wagers	8 Cashier	Winnings
WINNER'S name, address (including apt. no.), and ZIP code	9 Winner's taxpayer identification no.	10 Window	
	11 First I.D.	12 Second I.D.	Copy 2 Attach this copy
	13 State/Payer's state identification no.	14 State income tax withheld	to your state income tax 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.			if required
Signature ►		oate ►	

	CORRECTED		
PAYER'S name, address, ZIP code, and Federal identification number	1 Gross winnings	2 Federal income tax withheld	OMB No. 1545-0238
identification number	3 Type of wager	4 Date won	19 9 4
	i sprannaga		Certain
	5 Transaction	6 Race	Gambling
	7 Winnings from identical wagers	8 Cashier	Winnings
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
	11 First I.D.	12 Second I.D.	
	13 State/Payer's state identification no.	14 State income tax withheld	Forms 1099, 1098, 5498, and W-2G.
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 For Payer
Signature ▶	D	oate ►	Torrayer

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 January 31, 1995.

File Copy A of this form with the IRS by February 28, 1995.