3232 VOID CORRI	ECTED		☐ OMB No. 1545-0238
PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code	1 Reportable winnings	2 Date won	Form W-2G
	\$		Certain
	3 Type of wager	4 Federal income tax withheld \$	Gambling Winnings (Rev. January 2021) For calendar year
	5 Transaction	6 Race	
PAYER'S federal identification number PAYER'S telephone number	7 Winnings from identical wagers to a Cashier PAYER'S telephone number \$	8 Cashier	For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for
	9 Winner's taxpayer identification no.	10 Window	
WINNER'S name	11 First identification	12 Second identification	
Street address (including apt. no.)	13 State/Payer's state identification no.	14 State winnings	Certain Information Returns.
		\$	
City or town, province or state, country, and ZIP or foreign postal code	15 State income tax withheld	16 Local winnings	File with Form 1096
	\$	\$	
	17 Local income tax withheld	18 Name of locality	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 ▶ Date ▶