



\_\_\_\_ - \_\_\_\_\_

# MICHIGAN LOTTERY SUBSTITUTE 5754

LOTTERY USE ONLY - CLAIM ID NUMBER

## CLUB & TICKET INFORMATION:

CLUB NAME

\_\_\_\_\_

CLUB FEIN\*

\_\_\_\_ - \_\_\_\_\_

NUMBER OF CLUB MEMBERS

\_\_\_\_

\*\*CLUB MEMBERS RECEIVING EQUAL SHARES?  YES  NO  
IF NO, MUST INDICATE WINNING AMOUNTS BY MEMBER.

DRAWING DATE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

GROSS PRIZE AMOUNT

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

COPY BOTTOM OF TICKET EXACTLY

ON-LINE TICKET

\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ALTERING TICKETS  
SUBJECT TO 5  
YEARS IN PRISON**

INSTANT TICKET

GAME # BOOK # TICKET # VALIDATION #  
\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## CLUB REPRESENTATIVE:

LEGAL NAME - FIRST

\_\_\_\_\_

MI

\_\_\_\_

LAST

\_\_\_\_\_

SUFFIX

\_\_\_\_

SOCIAL SECURITY NUMBER\*

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

IS CLAIMANT A U.S. RESIDENT?  YES  NO  
IF NO - COUNTRY OF RESIDENCE: \_\_\_\_\_

MAILING ADDRESS (leave a space between number and street name)

\_\_\_\_\_

2ND LINE OF ADDRESS (if needed)

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_

ZIP CODE

\_\_\_\_ - \_\_\_\_\_

HOME PHONE NUMBER

\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SECONDARY PHONE NUMBER  WORK  CELL

\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*\*WINNING AMOUNT: \_\_\_\_\_

Under penalties of perjury I certify the above information is complete, accurate and the number shown on this form is my correct taxpayer identification number. I understand that by signing this form I will receive my portion of the prize and my W-2G at the address I have listed above and the Michigan Lottery will deduct federal and state withholding taxes from my portion of the prize and any outstanding debts collectable by the State of Michigan in accordance with federal and state laws. I also understand I am only responsible for the taxes on my portion of the winnings.

**LOTTERY USE ONLY**  
PA11 Authorization Number: \_\_\_\_\_

CLUB REPRESENTATIVE SIGNATURE

CLAIM RECEIVED BY: \_\_\_\_\_ CLAIM AUTHORIZED BY: \_\_\_\_\_

\* PROTECTED BY FEDERAL PRIVACY AND STATE CONFIDENTIALITY LAWS

\*\* PLEASE INDICATE EACH MEMBERS WINNING AMOUNT IN WHOLE DOLLARS. ANY EXCESS AMOUNTS WILL BE ASSIGNED TO THE CLUB REPRESENTATIVE.

# SUBSTITUTE 5754

\_\_\_\_ - \_\_\_\_\_

LOTTERY USE ONLY - CLAIM ID NUMBER

CLUB NAME

\_\_\_\_\_

## CLUB MEMBER:

LEGAL NAME - FIRST

\_\_\_\_\_

MI

\_\_\_\_\_

LAST

\_\_\_\_\_

SUFFIX

\_\_\_\_\_

SOCIAL SECURITY NUMBER\*

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

IS CLAIMANT A U.S. RESIDENT?  YES  NO

IF NO - COUNTRY OF RESIDENCE: \_\_\_\_\_

MAILING ADDRESS (leave a space between number and street name)

\_\_\_\_\_

2ND LINE OF ADDRESS (if needed)

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_

ZIP CODE

\_\_\_\_ - \_\_\_\_

HOME PHONE NUMBER

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

SECONDARY PHONE NUMBER  WORK  CELL

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\*\*WINNING AMOUNT: \_\_\_\_\_

Under penalties of perjury I certify the above information is complete, accurate and the number shown on this form is my correct taxpayer identification number. I understand that by signing this form I acknowledge the Club Representative will be presenting this claim on behalf of the club and myself, I will receive my portion of the prize and my W-2G at the address I have listed above and the Michigan Lottery will deduct federal and state withholding taxes from my portion of the prize and any outstanding debts collectable by the State of Michigan in accordance with federal and state laws. I also understand I am only responsible for the taxes on my portion of the winnings.

LOTTERY USE ONLY  
PA11 Authorization Number: \_\_\_\_\_

CLUB MEMBER SIGNATURE

## CLUB MEMBER:

LEGAL NAME - FIRST

\_\_\_\_\_

MI

\_\_\_\_\_

LAST

\_\_\_\_\_

SUFFIX

\_\_\_\_\_

SOCIAL SECURITY NUMBER\*

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

IS CLAIMANT A U.S. RESIDENT?  YES  NO

IF NO - COUNTRY OF RESIDENCE: \_\_\_\_\_

MAILING ADDRESS (leave a space between number and street name)

\_\_\_\_\_

2ND LINE OF ADDRESS (if needed)

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_

ZIP CODE

\_\_\_\_ - \_\_\_\_

HOME PHONE NUMBER

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

SECONDARY PHONE NUMBER  WORK  CELL

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\*\*WINNING AMOUNT: \_\_\_\_\_

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CLUB MEMBER SIGNATURE

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