

☐ VOID ☐ CORRECTED

OMB No. 1545-0238

2013
Form W-2G

**Certain
Gambling
Winnings**

**Copy 1
For State, City,
or Local Tax
Department**

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code		1 Gross winnings \$	2 Date won
		3 Type of wager	4 Federal income tax withheld \$
		5 Transaction	6 Race
		7 Winnings from identical wagers \$	8 Cashier
Federal identification number	Telephone number	9 Winner's taxpayer identification no.	10 Window
WINNER'S name		11 First I.D.	12 Second I.D.
		13 State/Payer's state identification no.	14 State winnings \$
Street address (including apt. no.)		15 State income tax withheld \$	16 Local winnings \$
City or town, province or state, country, and ZIP or foreign postal code		17 Local income tax withheld \$	18 Name of locality

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.

Form **W-2G**

www.irs.gov/w2g

Date ►