

3232

 VOID CORRECTED

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

OMB No. 1545-0238

Form W-2G
Certain
Gambling
Winnings

(Rev. December 2023)

For calendar year
20 _____

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
**current General
Instructions for
Certain Information
Returns.**

File with Form 1096

Copy A
**For Internal Revenue
Service Center**