

CORRECTED (if checked)

OMB No. 1545-0238

**2009**

**Form W-2G**

**Certain  
Gambling  
Winnings**

|   |  |                                      |
|---|--|--------------------------------------|
| PAYER'S name, address, ZIP code, federal identification number, and telephone number  | <b>1</b> Gross winnings                          | <b>2</b> Federal income tax withheld |
|   | <b>3</b> Type of wager                           | <b>4</b> Date won<br>: :<br>: :      |
|   | <b>5</b> Transaction                             | <b>6</b> Race                        |
|   | <b>7</b> Winnings from identical wagers          | <b>8</b> Cashier                     |
| WINNER'S name, address (including apt. no.), and ZIP code   | <b>9</b> Winner's taxpayer identification no.    | <b>10</b> Window                     |
|   | <b>11</b> First I.D.                             | <b>12</b> Second I.D.                |
|   | <b>13</b> State/Payer's state identification no. | <b>14</b> State income tax withheld  |
| 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.<br><b>Signature</b> ▶ <span style="float: right;"><b>Date</b> ▶</span> |  |                                      |

**Copy 2**  
**Attach this copy**  
**to your state**  
**income tax return,**  
**if required.**

Form **W-2G**

Department of the Treasury - Internal Revenue Service

SAMPLE