

CORRECTED

OMB No. 1545-0238

**2010**  
**Form W-2G**  
**Certain**  
**Gambling**  
**Winnings**

**Copy 1**  
**For State Tax**  
**Department**

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 : : : :
	<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, 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.		
<b>Signature</b> ▶	<b>Date</b> ▶	

Form **W-2G**

Department of the Treasury - Internal Revenue Service

SAMPLE