

CORRECTED (if checked)

OMB No. 1545-0238

2007

Form W-2G

**Certain
Gambling
Winnings**

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

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

Form **W-2G**

Department of the Treasury - Internal Revenue Service