

## Lottery Payments Submission Worksheet

### CCFC/Referral Representative Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Client (Lottery Winner) Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

### Prize Information

State making payments on the winnings \_\_\_\_\_

Exact date prize was won \_\_\_\_\_

Exact total amount won \_\_\_\_\_

Exact annual payment date \_\_\_\_\_

Exact total annual payment amount after tax withholding \_\_\_\_\_

### Client's Need

What is the client's motivation? \_\_\_\_\_

How much cash does the client need? \_\_\_\_\_

*Please attach a copy of the document the client received notifying him or her of the prize and a copy of the winner's W-2G tax reporting form.*

/lottery