3232	□ VOID □ CORR	ECTED		
PAYER'S name, street address, city	or town, state or province, country,	1 Reportable winnings	2 Date won	OMB No. 1545-0238
and ZIP or foreign postal code				Form W-2G
		\$		Certain
		3 Type of wager	4 Federal income tax withheld	Gambling
			\$	Winnings
		5 Transaction	6 Race	(Rev. December 2023)
				For calendar year
		7 Winnings from identical wagers	8 Cashier	20
PAYER'S TIN	PAYER'S telephone no.	\$		
		9 WINNER'S TIN	10 Window	F B
				For Privacy Act and Paperwork
				Reduction Act
WINNER'S name		11 First identification no.	12 Second identification no.	Notice, see the
1				current General
				Instructions for Certain Information
Street address (including apt. no.)		13 State/Payer's state identification no.	14 State winnings	Returns.
			\$	
City or town, state or province, country, and ZIP or foreign postal code		15 State income tax withheld	16 Local winnings	
				File with Form 1096
		\$	\$	
		17 Local income tax withheld	18 Name of locality	Copy A
				For Internal Revenue
		\$		Service Center
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:				
Form W-2G (Rev. 12-2023)	Cat. No. 10138V	www.irs.gov/FormW2G Department of the Treasury - Internal Revenue Service		

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page