

## 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.*