

## VERIFICATION OF WINNINGS IN EXCESS OF \$1,200

THIS FORM MUST BE COMPLETED BEFORE PAYOUT. Distribution: Gaming Operator Licensee retains the original and distributes one copy to winner and one copy to the New Mexico Human Services Department Child, Support Enforcement Division, Attn: Administrative Enforcement—Gaming, P. O. Box 25110 Santa Fe, NM 87502, within seven (7) days.

### **BOX 1—To be completed by WINNER**

Name \_\_\_\_\_  
(Print Name)

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Under penalty of perjury, I declare that: (1) the information above is true and accurate to the best of my knowledge and belief; (2) the Gaming Operator Licensee has paid me winnings in the amount shown in Box 2 below; and (3) to the best of my knowledge and belief, I do not owe any, or am not delinquent in, child support payments in any state.

I do       I do not      owe any child support payments in any state, and  
 I am       I am not      delinquent in any child support payments in any state.

\_\_\_\_\_  
Winner's Signature

\_\_\_\_\_  
Date

### **BOX 2—To be completed by GAMING OPERATOR**

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Federal ID # \_\_\_\_\_

**WINNINGS:** \$ \_\_\_\_\_ **DATE WON:** \_\_\_\_\_ **DATE PAID:** \_\_\_\_\_

I certify that I have verified the information in Box 1 using the following forms of identification obtained from the Winner and that copies are attached:

1<sup>st</sup> ID \_\_\_\_\_

2<sup>nd</sup> ID \_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date