

Statement by Person(s) Receiving Gambling Winnings

OMB No. 1545-0239
 Expires 7-31-89

▶ For additional instructions for Form 5754, see
 Instructions for Forms 1099, 1098, 5498, 1096, and W-2G.

Date won	Type of winnings	Game number	Machine number	Race number
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Part I Person to Whom Winnings Are Paid

Name		Address		
Taxpayer identification number	Other I.D.	Amount received	Federal income tax withheld	

Part II Persons to Whom Winning Payments Are Taxable

Name	Taxpayer identification number	Address	Amount won	Winnings from identical wagers

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the names, addresses, and taxpayer identification numbers that I have furnished correctly identify me as the recipient of this payment and correctly identify each person entitled to any part of this payment and any payments from identical wagers.

Signature ▶

Date ▶

Part II Persons to Whom Winning Payments Are Taxable *(Continued)*

Name	Taxpayer identification number	Address	Amount won	Winnings from identical wagers

Identical wagers that each of the other persons in