



# IL-5754 Statement by Person Receiving Gambling Winnings

### Who must complete this form?

You must complete Form IL-5754 if you receive payment of Illinois lottery winnings of \$1,000 or more; or gambling, pari-mutuel wagering, and sports wagering winnings that are subject to federal withholding (more than \$5,000). This form provides a record of who received winnings and to whom the winnings are taxable. The payer will use this information to prepare Form W-2G.

### What if I need additional assistance?

If you need assistance, visit our website at [tax.illinois.gov](http://tax.illinois.gov); call our Taxpayer Assistance Division at **1 800 732-8866** or **217 782-3336**; or call our TDD (telecommunications device for the deaf) at **1 800 544-5304**. Our office hours are 8 a.m. to 5 p.m.

### Step 1: Winnings information (Complete the following information.)

Date of payment \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of winnings \_\_\_\_\_

Total won \_\_\_\_\_ Illinois Income Tax withheld \_\_\_\_\_

Write the Social Security number (SSN) or federal employer identification number (FEIN), name, and address of the person to whom winnings were made payable.

\_\_\_\_\_  
Taxpayer identification number (SSN or FEIN)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address

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

Under penalties of perjury, I declare that to the best of my knowledge and belief the names, addresses, and taxpayer identifying numbers which I have furnished correctly identify me as the recipient of this payment and correctly identify each person entitled to any portion of this payment.

\_\_\_\_\_  
Signature Date

### Step 2: Who will receive winnings? (Complete the following information for each person receiving winnings.)

**1** \_\_\_\_\_  
Taxpayer identification number (SSN or FEIN) Amount won

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address

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

**2** \_\_\_\_\_  
Taxpayer identification number (SSN or FEIN) Amount won

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address

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

**3** \_\_\_\_\_  
Taxpayer identification number (SSN or FEIN) Amount won

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address

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

### Step 3: Provide this completed and signed form to the person who is paying the winnings.

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.