3232	☐ VOID ☐ CORRE	CTED		
PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code		1 Reportable winnings	2 Date won	OMB No. 1545-0238 Form W-2G
		\$		Certain
Roman Catholic Diocese of Lexington 1310 West Main Street Lexington, KY 40508		3 Type of wager	4 Federal income tax withheld	Gambling
			\$	Winnings
		5 Transaction	6 Race	(Rev. January 2021) For calendar year
		7 Winnings from identical wagers	8 Cashier	20 <u>21</u>
PAYER'S federal identification number	PAYER'S telephone number	\$		15 5 000 5 5
		9 Winner's taxpayer identification no.	10 Window	For Privacy Act
61-1132894	859-253-1993			and Paperwork Reduction Act
WINNER'S name		11 First identification	12 Second identification	Notice, see the current General Instructions for Certain Information Returns.
Street address (including apt. no.)		13 State/Payer's state identification no.	14 State winnings	
		KY 068187	\$	
City or town, province or state, 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	Сору А
		\$		For Internal Revenue Service Center
Under penalties of perjury, I declare correctly identify me as the recipient	that, to the best of my knowledge and this payment and any payments fro	and belief, the name, address, arm identical wagers, and that no of	nd taxpayer identification number ther person is entitled to any par-	er that I have furnished tof these payments.
Signature ▶ Date ▶				
W OC P 4 0001				

Form **W-2G** (Rev. 1-2021)

Cat. No. 10138V

www.irs.gov/FormW2G

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