

Illinois Department of Corrections
Torch of Cash
Payout Check List



Facility Name: _____

Liaison Name: _____

City/County Raffle License Held in: _____

Raffle Winner:

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Selection: _____

Payout Amount: _____

- Payouts less than \$600**
 - Inform winner to allow 30 days to receive their payout from Special Olympics Illinois
 - Complete above form and email to TorchRun@soill.org within 5 business days.

- Payouts \$600 - \$5,000**
 - Winner to Complete W-2G, include payout amount and ensure signature and date at bottom of each page
 - Inform winner they will receive a 1099 tax form from Special Olympics Illinois at the end of the year showing taxes paid.
 - Inform winner to allow 30 days to receive their payout from Special Olympics Illinois
 - Winner to keep all copies of W-2G EXCEPT copy D.

 - Mail completed W-2G, copy D & completed check list within 5 business days to:
Special Olympics Illinois
Attn: Torch Run
605 East Willow
Normal, IL 61761

- Payouts greater than \$5,000**
 - Winner to Complete W-2G, include payout amount and ensure signature and date at bottom of each page
 - Inform winner that 25% will be withheld for tax purposes.
 - Inform winner they will receive 1099 tax form from Special Olympics Illinois at the end of the year showing taxes paid.
 - Inform winner to allow 30 days to receive their payout from Special Olympics Illinois
 - Winner to keep all copies of W-2G EXCEPT copy D.

 - Mail completed W-2G, copy D & completed check list within 5 business days to:
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