

CITY OF ROY GAMBLING TAX RETURN

For Month Ending: _____ If final return, date activity was discontinued: _____/_____/_____
DATE DUE: Payment and Tax Return due on the 15th day of the month following the end of the month for which you are reporting.

ENCLOSURES REQUIRED: A copy of your Washington State Gambling Commission Quarterly Report must be enclosed with the Tax Return filed for the months of March, June, September, and December. Tax returns must be completed and returned even if no gambling activity occurred during the month.

PENALTIES: Applicable penalties must be included with payments. Penalties are assessed as follows: 1 to 10 days delinquent -- 10% of tax due; 11 to 20 days delinquent -- 15% of tax due; 21 to 30 days delinquent -- 20%; and 31 or more days delinquent -- 25% of tax due. Return original with payment payable to the City of Roy.

Name of Organizaton: _____

Address: _____

I. Complete this section for the month's net receipts as defined in Ordinance No. 196 from the activities listed below:

<u>CLASS</u>	<u>GROSS RECEIPTS</u>	<u>TAX RATE</u>	<u>TAX DUE</u>
BINGO	\$ _____	.005	\$ _____
RAFFLES	\$ _____	.10	\$ _____
AMUSEMENT GAMES	\$ _____	.02	\$ _____

II. Complete this section for the month's gross receipts from the activities listed below:

<u>CLASS</u>	<u>GROSS RECEIPTS</u>	<u>TAX RATE</u>	<u>TAX DUE</u>
PUNCH BOARDS	\$ _____	.03	\$ _____
PULL TABS	\$ _____	.03	\$ _____
CARD PLAYING	\$ _____	.03	\$ _____

III. **TOTAL** \$ _____

IV. **PENALTY & INTEREST ASSESSED** \$ _____

V. **TOTAL TAX, PENALTY & INTEREST** \$ _____

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Dated this _____ day of _____, _____

Firm Name _____

Authorized by: _____

Office or Title: _____

Phone Number: _____