

GAMBLING TAX RETURN

CITY OF BENTON CITY

P. O. BOX 70 • 708 9TH STREET
BENTON CITY, WA 99320
PHONE (509) 588-3322
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For QUARTER ENDED: (CIRCLE ONE) 1ST (JAN-MARCH) 2ND (APRIL-JUNE) 3RD (JULY-SEPT) 4TH (OCT-DEC)

Person, Establishment or Organization: _____

Street Address: _____

Mailing Address: _____

Owner/Operator/Manager: _____

TAX COMPUTATION

A. ___ BINGO ___ RAFFLES Gross Receipts for Quarter \$ _____

less Prizes & Merchandise \$ _____

NON TAXABLE IF NON-PROFIT ORGANIZATION (Less than \$5000.00 Adjusted Receipts Per Year)

TAX DUE: (Receipts x .05) \$ _____

B PUNCHBOARDS AND PULLTABS Commercial

Gross Receipts for Quarter \$ _____

TAX DUE: (Gross Receipts x .02): \$ _____

TOTAL TAX DUE \$ _____

C NON-PROFIT USE ONLY Gross Receipts for Quarter \$ _____

Less Cash Prizes or Merchandise Cost \$ _____

Adjusted Gross Receipts \$ _____

Tax Table-Adjusted Gross Receipts \$ **X .02**

TOTAL TAX DUE \$ _____

D. CARDROOM Gross Receipts for Quarter \$ _____

TAX DUE (Gross Receipts x .20): \$ _____

E. AMUSEMENT DEVICES Adjusted Gross Receipts for Quarter: \$ _____

TAX DUE (Gross Receipts x .02) \$ _____

Late Penalty = 50% of tax due after due date, plus 1% interest of the taxes and fees due for each month.

TOTAL DUE: \$ _____

FILE REPORT ON OR BEFORE the last day of the month next succeeding quarter in which tax accrued, with full payment of tax due. Attach a copy of the Washington State Gambling Commission Report form for the same period to this return.

WASHINGTON STATE GAMBLING LICENSE NUMBER(s):

Bingo _____ Raffle _____ Cardroom _____

PunchBoard/Pulltab _____ Amusement Device _____

I swear and affirm that this information is true and correct:

Name

Date

Treasurer's Receipt No.