CITY OF GOLD BAR
GAMBLING TAX REPORT

107 5th Street
Gold Bar, WA 98251
360-793-1101
FAX: 360-793-2282
Email: l.kelly@cityofgoldbar.us

THIS REPORT COVERS THE PERIOD OF: Year: _____

REPORTS ARE DUE: **4TH QTR - JANUARY 31** **1ST QTR - APRIL 30**
2ND QTR - JULY 31 **3RD QTR - OCTOBER 31**
Fees will be assessed if not received by date due.

ATTENTION: Submit report even if you had no activity.

Please submit the following items:
The report submitted to the Washington State Gambling Commission along with this form:

COMPANY NAME: _____
ADDRESS: _____
_____
DAYTIME PHONE NUMBER: _____

PUNCHBOARD / PULL-TAB FINANCIAL INFORMATION	JAN – MAR Q – 1	APR – JUN Q - 2	JUL – SEP Q - 3	OCT – DEC Q - 4
(1) GROSS GAMBLING RECEIPTS	$	$	$	$
(2) TOTAL PRIZES AWARDED – CASH-	$	$	$	$
(3) COST OF GAMES	$	$	$	$
(4) PAID TO CITY: TAX PAYABLE @ 1% OF GROSS GAMBLING RECEIPTS	$	$	$	$
(5) CASH OVER/SHORT (from monthly income summary) ( ) over ( ) short	$	$	$	$
(6) INVENTORY				
(A) ON HAND BEGINNING OF QTR (all games)	(+)	(+)	(+)	(+)
(B) PURCHASED DURING THE QTR	(-)	(-)	(-)	(-)
(C) REMOVED FROM PLAY DURING THE QTR				
(D) ON HAND END OF QTR (all games)	(=)	(=)	(=)	(=)

Signature and Verification: I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

_____ _____ _____
(PRINT NAME OF OFFICER/EMPLOYEE/MEMBER) **(TITLE)** **(DATE)**

_____
(SIGNATURE)