

**GAMBLING TAX RETURN**



**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tax accrued for the month of:**  **in the year:**   
 Check if final **Date activity was discontinued:** \_\_\_\_\_

**Complete this section for the amount of monthly gross revenue:**

	Gross Revenue	Less Prizes	Adjusted Gross	Tax Rate	Tax Due
<b>Bingo</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.05	<input type="text"/>
<b>Raffles</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.05	<input type="text"/>
<b>Games</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.02	<input type="text"/>
<b>Punch Boards</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.045	<input type="text"/>
<b>Pull Tabs</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.045	<input type="text"/>
<b>TOTALS</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Return original completed form with payment payable to the City of Sumner.**

**Returns are due on or before the 15th day of the month following the monthly period in which tax accrued. Late returns are subject to a penalty.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby declare, under the penalty of perjury, that all information provided herein is true, complete and accurate to the best of my knowledge.