

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
Bingo				0.05	
Raffles				0.05	
Punch Boards				0.05	
Pull Tabs				0.05	
TOTALS					

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.