GAMBLING TAX RETURN

CITY OF ELLENSBURG
501 N. ANDERSON
ELLENSBURG, WA 98926
PHONE (509) 925-8614
FAX (509) 962-7130

For QUARTER ENDED: *(CHECK ONE)* ☐ **1ST** (*JAN-MARCH*) ☐ **2ND** (*APRIL-JUNE*) ☐ **3RD** (*JULY-SEPT*) ☐ **4TH** (*OCT-DEC*)

Person, Establishment or Organization:

Street Address:

Mailing Address:

Owner/Operator/Manager:

Phone number and email

TAX COMPUTATION **(per chapter 6.70.010 of City Code)**

A. ☐ **BINGO** ☐ **RAFFLES** ☐ **AMUSEMENT GAMES**

Gross Receipts for Quarter $
less Prizes & Merchandise $
Net Receipts Taxable $
TAX DUE (A): (Net Receipts x .02) $

B. PUNCHBOARDS AND PULLTABS Charitable Non-profit complete section **B1**; Commercial complete section **B2**

B1. CHARITABLE OR NON-PROFIT OPERATORS

Gross Receipts for Quarter $
Less Cash Prizes or Merchandise Cost $
Net Receipts Taxable $
TAX DUE: (Net Receipts x .02) $

B2. COMMERCIAL OPERATORS

Gross Receipts for Quarter $
TAX DUE: (Gross Receipts x .02) $
TOTAL TAX DUE (B): $

C. SOCIAL CARD GAMES

Gross Receipts for Quarter $
TAX DUE (C) (Gross Receipts x).08 $

Late Penalty: 1-10 days 5% (minimum $10)
11-20 days 10% (minimum $20)
21-31 days 15% (minimum $30)
31-60 days 20% (minimum $50)
Interest 1% per month

TOTAL TAX DUE (A+B+C): $
Late Penalty: $
Interest: $
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 _____

I hereby certify that the statements and information provided on this tax return are true and complete to the best of my knowledge.

_____ Authorized Signature

_____ Filing Date

COMPLETE THIS FORM AS INSTRUCTED. SUBMIT COMPLETED FORM, CHECK AND ATTACHMENTS TO
Finance Department
501 N. Anderson Street
Ellensburg, WA 98926