

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) **TOTAL TAX DUE (A+B+C):** \$
11-20 days 10% (minimum \$20) **Late Penalty:** \$
21-31 days 15% (minimum \$30) **Interest:** \$
31-60 days 20% (minimum \$50) **TOTAL DUE:** \$
Interest 1% per month

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