

TAX RETURN INSTRUCTIONS:

- Tax Return must be completed and returned even if no 1. gambling activity occurred in the month.
- 2. Applicable penalties must be included with payment.
- See "Penalties" below. Enter gross receipts, allowed deductions, taxable revenue, З. and the calculated tax for each Activity. Enter monthly totals
- in the "Tax Total" and "Penalty" blocks. Enter your payment amount in the "Total Paid" block. Complete "Business/Activity Change" section (as applicable).
- 4.

Gambling Tax Return

(RCW 9.46.110, ORDINANCE 90-15, AS AMENDED

FOR MONTH ENDING:

□ January	□ May	□ September
□ February	□ June	October
□ March	□ July	□ November
April	□ August	December

□ AMENDED RETURN

DATE DUE: Payment and Tax Return due on the last day of the month following the end of the month.

ENCLOSURES REQUIRED: A COPY OF YOUR WASHINGTON STATE GAMBLING COMMISSION "QUARTERLY REPORT" MUST BE ENCLOSED WITH MARCH, JUNE, SEPTEMBER AND DECEMBER TAX RETURNS.

BUSINESS ACTIVITY CHANGES:

□ Activities have been discontinued as of ___/__/

□ Business Ownership Change: New Owner

Effective Date

□ Address Change:

QUAD CODE	ACTIVITY	GROSS RECEIPTS	ALLOWED DEDUCTIONS (-) (PRIZE AMT. PAID OUT)	TAXABLE (=) REVENUE	TAX (X) RATE		(=) TAX
1441	Bingo				5%		
1441	Raffles ¹				5%		
1442	Amusement Games				2%		
1440	Punchboards		None Allowed		3%		
1440	Pulltabs		None Allowed		3%		
1443	Cardrooms		None Allowed		10%		
¹ Non-profit/charitable organizations pay 5% of net annual raffle proceeds over \$10,000.					TAX TOTAL		
PENALTIES:					PENALTY		
 10% (minimum of \$5) of monthly Tax Total if Tax Return and full payment is received 1 to 15 days past the monthly due date. 					DUE FROM	Penalty	
 15% (minimum of \$10) of monthly Tax Total if Tax Return and full payment is received between the 16th and the end of the month following the monthly due date. 				PRIOR MONTH	Tax		
	 Failure to make the interest charges of 1 penalties due. Failure 	TOTAL PAID MY CHECK NUMBER:					

1. Make checks payable to: CITY OF FEDERAL WAY.

- Sign and date the Return. 2.
- 3. Enclose a copy of your Washington State Gambling Commission Quarterly Report.
- 4. Return from with payment to:

CITY OF FEDERAL WAY, FINANCE DEPT. 33325 8th Ave South, FEDERAL WAY, WA 98003

I declare under penalty of perjury that the information reported on this form is true and correct to the best of my knowledge.

Signature: Office of Organization

Date:

Print Name

Phone #