

1st Quarter Payment Due April 30
 2nd Quarter Payment Due July 31

3rd Quarter Payment Due October 31
 4th Quarter Payment Due January 31

CITY OF SPOKANE GAMBLING TAX RETURN

ACCT #: _____

CONTACT PERSON: _____

PERIOD REPORTED

BUSN NAME: _____

YEAR: _____

MAIL ADDR: _____

QUARTER: _____

CITY: _____ ST: _____ ZIP: _____

DATE DUE: _____

ACTIVITY	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
	GROSS RECEIPTS	PRIZES AWARDED	TAXABLE INCOME	TAX RATE	TAX DUE
PULL TABS				.10	
CARD ROOM		NO DEDUCTIONS (No bad debts, No NSF Checks)		.02	
BINGO				.05	
RAFFLES				.05	
AMUSEMENT GAMES				.02	
<i>For Office Use Only:</i>			TOTAL TAX DUE		
Post Mark Date: _____ Check # _____			PENALTY		
Clerk's Initials: _____ Amount \$ _____			INTEREST		
			TOTAL DUE		

INSTRUCTIONS:

PULL TABS. (10% of Net Revenue) **SUBTRACT PRIZES AWARDED from GROSS Receipts for Net TAXABLE Income Amount.** Multiply **TAXABLE INCOME** in Column 3 by the tax rate shown in Column 4. Enter results in **COLUMN 5** as TAX DUE.

Enter the **GROSS RECEIPTS** from Pull Tabs, Bingo, Raffles & Amusement Games in **COLUMN 1**. Subtract Column 2 from Column 1 figures to determine the **TAXABLE INCOME**, which is entered in Column 3. Multiply the **TAXABLE INCOME** in **COLUMN 3** by the tax rate shown in **COLUMN 4**. Enter the results in Column 5 as TAX DUE.

Add the Taxes Due to determine the **TOTAL TAX DUE**. Enter Penalties and Interest owed then calculate the **TOTAL AMOUNT DUE**.

If Tax Return is Post Marked later than the **DUE DATE shown above, calculate penalties and interest as follows and include in payment.**

DAYS LATE	PENALTIES DUE	INTEREST DUE
1 TO 30	5% OF TAX DUE OR \$1.00 WHICHEVER IS GREATER	1% OF TAX DUE
31 TO 60	10% OF TAX DUE OR \$2.00 WHICHEVER IS GREATER	2% OF TAX DUE
OVER 60	20% OF TAX DUE OR \$3.00 WHICHEVER IS GREATER	1% OF TAX DUE FOR EACH 30 DAYS

Per SMC 08.04.020(C), operation of punchboard and pull tab games by a bona fide charitable or nonprofit organization are taxed at a rate of 8% effective 1/1/16, and 4% 1/1/17

I certify under penalty of perjury that the information above is correct and complete to the best of my knowledge and belief.

SIGNATURE: _____ TITLE _____ PHONE _____

Mail this Gambling Tax Return and check or Money Order to: **TAXES AND LICENSES, 808 W SPOKANE FALLS BLVD, SPOKANE WA 99201-3336.**

QUESTIONS? CALL (509) 625-6070