

**VIDEO GAMBLING MACHINE  
QUARTERLY TAX REPORTING FORM  
COVER SHEET**

--

**OPERATOR LICENSE NUMBER**

\_\_\_\_\_

**NAME OF ESTABLISHMENT**

\_\_\_\_\_

**MAILING ADDRESS      CITY                      ZIP CODE**

\_\_\_\_\_

**PHONE NUMBER**

**NUMBER OF MACHINES REPORTING ON:**

**OWNER OF THESE MACHINES:**

**ESTABLISHMENT**

**VENDOR I.D. #**

**VENDOR'S PHONE NUMBER** (    )    -    \_\_\_\_\_

**FOR OFFICE USE ONLY**

COLLECT: _____ METERS : _____ BALANCED _____
PROBLEM:    P/S    Sig    Vsig    GrInc    Tape    Serv
TAX DUE: _____ \$ _____
DATE PAID: _____
PENALTY DUE: _____ \$ _____
DATE PAID: _____
RKP: _____ \$ _____
DATE PAID: _____
REFUND: _____ \$ _____
DATE ISSUED: _____
FOR AUDIT BY: _____ LC      MK
DATE COMPLETED: _____
TO FIELD AUDIT: _____

**CIRCLE QUARTER REPORTING ON**

**1    2    3    4**  
**1<sup>ST</sup> QUARTER (JUL 1 – SEP 30) DUE: OCT 15**  
**2<sup>ND</sup> QUARTER (OCT 1 – DEC 31) DUE: JAN 15**  
**3<sup>RD</sup> QUARTER (JAN 1 – MAR 31) DUE: APR 15**  
**4<sup>TH</sup> QUARTER (APR 1 – JUN 30) DUE: JUL 15**

**SHARE OF MACHINE INCOME**

**NAME OF PERSON(S)  
OR ENTITY(S) RECEIVING  
INCOME:**

**SOCIAL SECURITY NUMBER(S) OR  
FEDERAL I.D. NUMBER(S):**

**AMOUNT(S) RECEIVED  
BEFORE TAX:**

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**TAX PAYMENT PAYABLE TO "GAMBLING CONTROL DIVISION"**

**TOTAL TAX DUE**     **CHECK AMOUNT**     **CHECK #**

**KEEP A COPY OF THIS REPORT FOR YOUR RECORDS**

**I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF MACHINE OWNER**

**PRINTED NAME OF MACHINE OWNER**

**DATE**

