



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

FOR OFFICE USE ONLY

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**

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 ST QUARTER (JUL 1 – SEP 30) DUE: OCT 16				
2 ND QUARTER (OCT 1 – DEC 31) DUE: JAN 16				
3 RD QUARTER (JAN 1 – MAR 31) DUE: APR 16				
4 TH QUARTER (APR 1 – JUN 30) DUE: JUL 16				

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

