

**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:		_____

<b>CIRCLE QUARTER REPORTING ON</b>				
	1	2	3	4
<b>1<sup>ST</sup> QUARTER (JUL 1 – SEP 30) DUE: OCT 16</b>				
<b>2<sup>ND</sup> QUARTER (OCT 1 – DEC 31) DUE: JAN 16</b>				
<b>3<sup>RD</sup> QUARTER (JAN 1 – MAR 31) DUE: APR 16</b>				
<b>4<sup>TH</sup> QUARTER (APR 1 – JUN 30) DUE: JUL 16</b>				

**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**

