

CITY OF KALAMA
PO BOX 1007
KALAMA, WA 98625

RECEIPT # _____
DATE: _____

GAMBLING TAX RETURN

Licensee: _____

Address: _____

Current State License No.: _____

Phone: _____

Year: _____ Tax Period: 1st Qtr. _____ 2nd Qtr. _____ 3rd Qtr. _____ 4th Qtr. _____

GAMBLING ACTIVITY	GROSS REVENUES	PRIZES & PAYOUTS	NET REVENUE	TAX RATE	TAX DUE
BINGO				10%	
RAFFLE				10%	
CARD ROOMS		XXXXXX	XXXXXXX	20%	
PULL TABS		XXXXXX	XXXXXXX	5%	
PUNCH BOARDS		XXXXXX	XXXXXXX	5%	

TAX DUE THIS PERIOD _____

PENALTY * _____

TOTAL PAYMENT _____

***PENALTY**

Tax is due by the 15th day of the month following close of quarter.

Delinquency Charges:

Paid after the 15th but before the final day of the month - 10%, but not less than \$5.00

Paid after the last day of the month - 15%, but not less than \$10.00

Failure to make payment by the fifteenth day of the second month next succeeding the quarterly period in which the tax accrued, shall be deemed to be both a criminal and civil violation of this section.

The undersigned taxpayer declares that he has read the foregoing return and certifies it to be correct.

Dated this _____ day of _____, _____

Signature of Business Owner

Firm Name

Bookkeeper

REMITTANCES: Make remittances payable to the City of Kalama and mail to the Clerk Treasurer, P.O. Box 1007, Kalama, WA 98625. This return must be filed regardless of the amount of tax due.