

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	XXXXXXXX	20%	
PULL TABS		XXXXXX	XXXXXXXX	5%	
PUNCH BOARDS		XXXXXX	XXXXXXXX	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.