**CITY OF KALAMA RECEIPT #**

**P.O. BOX 1007 DATE:**

**KALAMA, WA 98625**

 **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 accured, 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

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 du