

CITY OF LYNNWOOD
COMMERCIAL/NON- PROFIT ORGANIZATIONS
GAMBLING TAX QUARTERLY REPORT FORM

Remit payment to:
 City of Lynnwood
 Attn: Treasury
 19100 44th Ave W.
 Lynnwood, WA 98036

Name of Business or Organization _____

Address _____

Zip _____

Ph. No. _____

Responsible Individual _____

Name _____

Address _____

Ph. No. _____

State License Number (UBI) _____

Article II, Chapter 10.30 Lynnwood Municipal Code requires each licensee to submit quarterly reports, under oath, on or before the forty-fifth day following the end of the quarterly period in which the tax accrued.

1st QTR
Jan 1-Mar 31

2nd QTR
Apr 1-Jun 30

3rd QTR
July 1-Sep 30

4th QTR
Oct 1-Dec 31

DUE DATE:

MAY 15

AUG 15

NOV 15

FEB 15

Penalties Effective On _____

Jun 1

Sept 1

Dec 1

Mar 1

BINGO

Gross Receipts

\$ _____ \$ _____ \$ _____ \$ _____

Less PRIZES AWARDED

\$ _____ \$ _____ \$ _____ \$ _____

Equals NET RECEIPTS

\$ _____ \$ _____ \$ _____ \$ _____

TIMES 5% (AMOUNT TAX DUE)

\$ _____ \$ _____ \$ _____ \$ _____

RAFFLES: COMMERCIAL

Gross Receipts

\$ _____ \$ _____ \$ _____ \$ _____

Less PRIZES AWARDED

\$ _____ \$ _____ \$ _____ \$ _____

Equals NET RECEIPTS

\$ _____ \$ _____ \$ _____ \$ _____

TIMES 5% (AMOUNT TAX DUE)

\$ _____ \$ _____ \$ _____ \$ _____

RAFFLES: NON-PROFIT

Gross Receipts

\$ _____ \$ _____ \$ _____ \$ _____

Less PRIZES AWARDED

\$ _____ \$ _____ \$ _____ \$ _____

Equals NET RECEIPTS

\$ _____ \$ _____ \$ _____ \$ _____

AMOUNT OF NET RECEIPTS (over 10,000 annually)

\$ _____ \$ _____ \$ _____ \$ _____

TIMES 5% (AMOUNT TAX DUE)

\$ _____ \$ _____ \$ _____ \$ _____

PULL TABS & PUNCH BOARDS: COMMERCIAL

Gross Receipts

\$ _____ \$ _____ \$ _____ \$ _____

TIMES 5% (AMOUNT TAX DUE)

\$ _____ \$ _____ \$ _____ \$ _____

PULL TABS & PUNCH BOARDS: NON-PROFIT

Gross Receipts

\$ _____ \$ _____ \$ _____ \$ _____

Less PRIZES AWARDED

\$ _____ \$ _____ \$ _____ \$ _____

Equals NET RECEIPTS

\$ _____ \$ _____ \$ _____ \$ _____

TIMES 10% (AMOUNT TAX DUE)

\$ _____ \$ _____ \$ _____ \$ _____

AMUSEMENT GAMES: COMMERCIAL

Gross Receipts	\$	\$	\$	\$
Less PRIZES AWARDED	\$	\$	\$	\$
Equals NET RECEIPTS	\$	\$	\$	\$
TIMES 2% (AMOUNT TAX DUE)	\$	\$	\$	\$
TOTAL TAXES DUE (excludes penalties)	\$	\$	\$	\$
<u>PENALTIES IF DUE</u>	\$	\$	\$	\$
<u>TOTAL TAXES DUE (Includes penalties)</u>	\$	\$	\$	\$

SIGNATURE AND VERIFICATION

I hereby swear and affirm that the information given in this return is true, accurate and complete.

Date	Signature of Preparer	Title
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Total Tax Paid for _____ Quarter of _____ \$ _____
(Year)

Note: Remittance shall be made by certified check, cashier's check, money order, check or cash.

PENALTIES

If tax return and/or payment are not received within fifteen (15) days after due date, a penalty starting the 1st day of the following month, must be included as follows:

If 16 to 45 days delinquent - 10% of tax (minimum of \$1.00)

If 46 to 75 days delinquent - 15% of tax (minimum of \$2.00)

If 76 or more days delinquent - 20% of tax (minimum of \$3.00)