

Pierce County

GAMBLING TAX RETURN

(Ordinance Number 96-113S2)

Submit this form with payment to
Pierce County Budget & Finance
 615 S 9th Street Suite 100
 Tacoma, WA 98405-4675
 253-798-7596

For the month _____ due the month of _____.

Business Name _____.

Physical Business Address _____.

Mailing address for tax information _____.

Name & Phone # of Tax Preparer/ CPA _____.

| Account Code | Class | NET RECEIPTS | Tax Rate | Tax Due |
|----------------------------|-----------------|----------------|----------|---------|
| 001.134.0000.31750.00.0002 | Bingo | \$ | 5% | \$ |
| 001.134.0000.31750.00.0003 | Raffles | \$ | 10% | \$ |
| 001.134.0000.31750.00.0004 | Amusement Games | \$ | 2% | \$ |
| Account Code | Class | GROSS RECEIPTS | Tax Rate | Tax Due |
| 001.134.0000.31750.00.0005 | Punch Boards | \$ | 2% | \$ |
| 001.134.0000.31750.00.0006 | Pull Tabs | \$ | 2% | \$ |
| 001.134.0000.31750.00.0007 | Card Playing | \$ | 10% | \$ |

SHORT \$ _____ TOTAL \$ _____.

I declare under the penalties of perjury that this return (including any accompanying documents) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Dated this _____ day of _____ year _____.

Firm Name _____.

Authorized by _____.

Title _____ Phone # _____.