

# Gambling Tax Report



*Remit to:* Finance Department  
 City Hall, 15 N 3rd Ave  
 Walla Walla, WA 99362-1859  
 (509) 527-4423

Quarter ending _____	
Establishment _____	
Physical address _____	
Mailing address _____	
Owner _____	
Manager _____	
<b>Bingo</b>	010.000.31752.0000
License # _____	
Gross receipts _____	
Less awarded cash or merchandise prizes _____	
Equals net receipts _____	
Taxable amount (equal to net receipts) _____	
Tax due (taxable amount x 0.05) _____	
<b>Raffles</b>	010.000.31752.0000
License # _____	
Gross receipts _____	
Less awarded cash or merchandise prizes _____	
Equals net receipts _____	
Taxable amount (equal to net receipts) _____	
Tax due (taxable amount x 0.05) _____	
<b>Amusement Games</b>	010.000.31753.0000
License # _____	
Gross receipts _____	
Less awarded cash or merchandise prizes _____	
Equals net receipts _____	
Taxable amount (equal to net receipts) _____	
Tax due (taxable amount x 0.02) _____	
<b>Punch Boards &amp; Pulltabs</b>	010.000.31751.0000
License # _____	
Gross receipts _____	
Less awarded cash or merchandise prizes _____	
Equals net receipts _____	
Taxable amount (equal to net receipts) _____	
Tax due (taxable amount x 0.08) _____	
<b>Card Rooms</b>	010.000.31754.0000
License # _____	
Gross receipts _____	
Less awarded cash or merchandise prizes _____	
Equals net receipts _____	
Taxable amount (equal to net receipts) _____	
Tax due (taxable amount x 0.08) _____	

This report must be filed on or before the last day of the month next succeeding the quarterly period in which the tax accrued and accompanied by full payment of the total due and a copy of the State Gambling Commission Report.

Late penalties are calculated as follows:  
 1-10 days late - 6% of Tax Due  
 11-20 days late - 8% of Tax Due  
 21-31 days late - 10% of Tax Due  
 32-60 days late - 12% of Tax Due

<b>Total Tax Due</b>	
Penalty	
Interest (1% per month)	
<b>Total Amount Due</b>	<b>\$0.00</b>

I certify under penalty of perjury that the gambling receipts, deductions, and taxes above represent the full amount for the designated period.

Print Preparer's Name _____	Title _____	Daytime Telephone _____
Date _____	Signature _____	Email _____