

GAMBLING TAX FORM

Licensee _____
(Name as shown on Washington State Gambling Commission License)

Mailing Address: _____ Telephone: _____

Premise Address: _____

Washington State Gambling Account Number: _____

NOTE: City Ordinance No. 1361 requires each operator to submit a quarterly report to the Centralia City Clerk within 30 days after the quarter ends.

YEAR: 2025

*****COMPUTATION OF TAXES DUE FOR (circle one) 1ST 2ND 3RD 4TH QUARTER*****

(1) Bingo & Raffles: Gross Receipt Less Cash/Mdse Prizes Paid

\$ _____ X 5% (1)\$ _____

(2) Amusement Games: Gross Receipt Less Cash/Mdse Prizes Paid

\$ _____ X 2% (2)\$ _____

(3) Punchboards, Pull-Tabs, Pull-Tab Machines:

(3A) Charitable/Non-Profit: Gross Receipts Less Cash Mdse Prizes Paid

\$ _____ X 10% (June 1 - July 21, 2004) 0% thereafter (3A)\$ _____

(3B) Commercial Stimulant Operators: Gross Receipts

\$ _____ X 5% (3B)\$ _____

(4) Social And Public Card Rooms: Gross Receipts

\$ _____ x 20% (July 1-31, 2004) 3% (Aug 1, 2004 - Dec 31, 2005) (4)\$ _____
5% (Jan 1, 2006-Dec 31, 2006) 7% (Jan 1, 2007 - Dec 31, 2007)
10% (Jan 1, 2008 and thereafter.)

(5) TOTAL TAXES DUE Sum of Lines (1) (2) (3) (4) (5)\$ _____

(6) PENALTIES: 1-15 DAYS DELINQUENT-2% LINE 5
16-30 DAYS DELINQUENT-5% LINE 5
OVER 31 DAYS-10% LINE 5

(6)\$ _____

(7) TOTAL REMITTANCE DUE: Line 5 & Line 6

(7)\$ _____

Please submit this form to:

Centralia Finance Department
PO BOX 609
Centralia WA 98531
(360) 330-7659