



CITY OF TENINO
P.O. Box 4019
Tenino, Wa. 98589
Tel. (360) 264-2368
Fax (360) 264-5772

Reporting Period _____ 1ST Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

GAMBLING TAX RETURN

Business Name: _____ *If final return, date gambling*
Address: _____ *is discontinued:* _____

| Gambling Classification | Gross Revenue | Less Amt Paid for Prizes | Net Revenue | Tax Rate | Taxes Due |
|-------------------------|---------------|--------------------------|-------------|----------|-----------|
| Bingo | | | | .10 | |
| Raffles | | | | .10 | |
| Punchboards Pulltabs | | | | .10 | |
| | | | | | |

| | | | |
|------------|-------------------|-----------------|-------------------------|
| Due Dates: | <u>Tax Period</u> | <u>Due Date</u> | <u>Total Tax Due</u> |
| | 1/1-3/31 | 4/30 | <u>Penalty</u> |
| | 4/1-6/30 | 7/31 | <u>Total Amount Due</u> |
| | 7/1-9/30 | 10/31 | |
| | 10/1-12/31 | 1/31 | |

PENALTY FOR LATE PAYMENT

1 to 10 days late - 10% of tax due or \$25.00, whichever is greater.
11 to 20 days late - 15% of tax due or \$50.00, whichever is greater.
21 to 31 days late - 25% of tax due or \$100.00, whichever is greater.
32 to 60 days late - 35% of tax due or \$250.00, whichever is greater.
61 + days shall be deemed to be a violation of Section V of Ord. 654,TMC

State of Washington)
County of Thurston : ss
City of Tenino)

I, _____, being first duly sworn upon oath deposes and say:
I am _____ of the above named organization, and make this affidavit in
accordance with the provisions of Ordinance No. 654 for the purpose of declaring that the
information given in the foregoing return is full and true and I know the same to be so.

Signature of Affiant

NOTE: A copy of the taxpayer's quarterly report to the Washington State Gambling Commission required by WAC 230-08, for the period in which the tax accrued, shall accompany the remittance of this return. (T.M.C. chapter 3.20.040 paragraph C)