

QUARTERLY GAMBLING TAX RETURN

City of Moses Lake Municipal Code: Chapter 3.18

City of Moses Lake
FINANCE DEPARTMENT
401 S. Balsam
Moses Lake, WA. 98837
(509)764-3701



Office Use Only

Date Received: _____
Amount Remitted: _____
Receipt Number: _____

Name of Business	DBA (if applicable)			
Business Location	Street	City	State	Zip
Mailing Address	Street	City	State	Zip

TAX is due on or before the END of the month following the close of the quarter ending _____, 20_____. Filing late will result in penalties pursuant to MLMC 3.18.240. Return original return form with remittance payable to City of Moses Lake.

CLASSIFICATION	GROSS RECEIPTS	DEDUCT COST OF PRIZES	NET RECEIPTS	TAX RATE	TOTAL TAX DUE
<input type="checkbox"/> Bingo <input type="checkbox"/> Raffle Games				5%	
Punchboard or Pull-Tab				2.5%	
Card Games				6%	
Late Penalty: 1-10 days 6% 11-20 days 8% 21-31 days 10% 32-60 days 12% Interest (1% per month)					
TOTAL DUE					

WASHINGTON STATE GAMBLING COMMISSION LICENSE

DATE EXPIRING: _____

NO: _____

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) Has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. ATTACH a copy of Washington State Gambling Commission Report for the same period, to this Tax Return Form.

PREPARER:

Name (Print) _____ Signature _____ Date _____

ORGANIZATION OFFICER:

Name (Print) _____ Signature _____ Date _____

Contact Telephone Number _____