QUARTERLY GAMBLING TAX RETURN City Ordinances No. 3032, No. 3057, No. 4422, No. 4440 Kirkland Municipal Code Chapter 7.48

RETURN FOR QUARTERLY PERIOD ENDING						
PLEASE ATTACH A COPY OF REPORT YOUR BUSINESS FILED WITH WASHINGTON STATE GAMBLING COMMISSION.						
BUSINESS OR ORGANIZATION:						
LOCATION ADDRESS:						
NAME OF OWNER/OPERATOR:						
MAILING ADDRESS, IF DIFFERI	ENT:					
TELEPHONE:						
STATE LICENSE NUMBER:						
	GROSS REVENUE	- CASH PAID = AS/FOR PRIZES	TAXABLE AMOUNT	x TAX RATE	= TAX DUE	
Amusement Games*				.02		
Bingo, Raffle*				.05		
Punchboards/Pull tabs (Non-Profit)*				.10		
Social Card Games		Not Applicable		.11		
Fund Raising Event		Not Applicable		.07		
Punchboards/Pull tabs		Not Applicable		.05		
A. TOTAL TAX DUE		\$				
B. PENALTY** Payments not received	\$					
C. TOTAL TAX AND PENALTY	\$					
* Different rules apply for charitable or non-profit organizations. See KMC 7.48 SIGNATURE AND VERIFICATION						
I hereby swear that the information given in this return is complete and accurate.						

I have attached a copy of the current report due to the Washington State Gambling Commission.

Signature		Print Name & Title	
Telephone No. ()	Email: _		Fax No

Date: _____, 20____

RETURN COMPLETED FORM AND PAYMENT TO:

CITY OF KIRKLAND-Tax Section 123 Fifth Avenue Kirkland, WA 98033

QUESTIONS? VOICE: 425.587.3116 TTY: 711 EMAIL: taxes@kirklandwa.gov