Quarterly Gambling Tax Return

YAKIMA MUNICIPAL CODE - TITLE 5.49

**Clear Form**

**City of Yakima**

FINANCE DEPARTMENT

129 N 2nd Street Yakima, WA 98901

(509) 575-6070

DATE RECEIVED AMOUNT REMITTED RECEIPT NUMBER

Name of Business

email

Business Phone

Business Location

Street

City

State

Zip

Mailing Address

Street

City

State

Zip

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Report for | 1st | 2nd | 3rd | 4th |
|  | (Jan-March) | (Apr-June) | (July-Sept) | (Oct-Dec) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLASSIFICATION** | **GROSS RECEIPTS** | **DEDUCT**  **COST OF PRIZES** | **NET RECEIPTS** | **TAX RATE** | **TOTAL TAX**  **DUE** |
| BINGO or RAFFLE |  |  |  | 5% |  |
| AMUSEMENT GAMES |  |  |  | 2% |  |
| PULL TABS or PUNCH BOARDS  (as commercial stimulant) |  |  |  | 10% |  |
| PULL TABS or PUNCH BOARDS  (as charitable or non profit organizations) |  |  |  | 10% |  |
| SOCIAL CARD GAME |  |  |  | 10% |  |
| PUBLIC CARD ROOM |  |  |  | 10% |  |
| **TOTAL DUE** |  |  |  |  |  |

WASHINGTON STATE GAMBLING COMMISSION LICENSE NO.

DATE EXPIRING

Revised April 2024

# CITY of YAKIMA - QUARTERLY GAMBLING TAX STATEMENT

**Notice: With your 2nd & 4th Quarter Remittance, please attach a copy of your activity report filed with the Washington State Gambling Commission. For Auditing purposes, your payment cannot be processed without it. If you file in person, the City Treasury office will make a copy for you.**

This statement, together with a copy of the report filed with the Washington State Commission, **MUST** be filed with the City Department of Finance on or before the 30th day of the month following the end of each quarterly period in which declarant holds a State Gambling License and must be accompanied by the remittance for taxes accrued during such period.

**Failure to pay when due will require a PENALTY to be added to the tax due as provided in Section 5.49 of the City of Yakima Municipal Code.**

Make checks payable to

# City of Yakima Treasurer Accounts Receivable 129 North 2nd Street Yakima WA 98901

STATE OF WASHINGTON )

: ss

COUNTY OF YAKIMA )

(Declarant), being first duly sworn on oath, deposes and says: that the above named declarant; has read the within and foregoing quarterly statement, knows the contents thereof and believes the same to be true.

(Declarant)

Subscribed and sworn to before me this day of , .

Notary Public in and for the State of Washington, residing at

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