

Quarterly Gambling Tax Return

YAKIMA MUNICIPAL CODE - TITLE 5.49

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%	
FUND RAISING EVENTS (Raffles)				10%	
PULL TABS or PUNCH BOARDS (as commercial stimulant)				5%	
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 _____

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
_____.