



City of Port Orchard

Gambling Tax Return

Finance Department • 216 Prospect St • Port Orchard, WA 98366 • 360.876.4407

| | |
|--|-------------|
| Business Name and Mailing Address | From |
| | To |
| | Due |

Tax Return Instructions:

1. Tax Return must be completed and returned even if no gambling activity occurred during the period.
2. Sign and date the return.
3. **With your 2nd & 4th quarter Gambling Tax Return you must enclose a copy of your Washington State Gambling Commission Report. (WAC 230-08-130)**
4. Complete the "Business/Activity Changes" section (as applicable).

| Business Classification | Gross Amount | Less Prizes | Net Amount | Rate | Tax Due |
|-------------------------------|--------------|--------------|------------|------|---------|
| Punchboard 001.0.316.81 | | None Allowed | | 3% | |
| Pull Tabs 001.0.316.81 | | None Allowed | | 3% | |
| Card Games 001.0.316.84 | | None Allowed | | 10% | |
| Bingo 001.0.316.82 | | | | 5% | |
| Raffles 001.0.316.82 | | | | 5% | |
| Amusement Games 001.316.83 | | | | 2% | |
| Fund Raising | | | | 5% | |

| | | |
|--|---------------------------|--|
| Make checks payable to: City of Port Orchard 216 Prospect St. Port Orchard, WA 98366 | TOTAL TAX DUE THIS PERIOD | |
| | PENALTIES | |
| | TOTAL TAX & PENALTY DUE | |

| | |
|-----------------------------------|--|
| Business Activity Changes: | Penalty for Late Filing: 001.0.359.00.00 |
|-----------------------------------|--|

| | |
|--|--|
| <input type="checkbox"/> Activities discontinued as of ___/___/___ <input type="checkbox"/> Business ownership change: New Owner _____ Effective Date ___/___/___ <input type="checkbox"/> Address Change: _____ | 1-10 days late: 5% of tax due 11-20 days late: 7 1/2 % of tax due 21-31 days late: 10% of tax due 32-60 days late: 15% of tax due Minimum Penalty is \$10.00 |
|--|--|

I declare under the penalties of perjury that this return (including any accompanying documents) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

| | |
|------------|--------|
| Signature: | |
| Title: | Date: |
| Firm name: | Phone: |