

City of Sedro-Woolley, 325 Metcalf Street, Sedro-Woolley, WA 98284

**GAMBLING TAX
QUARTERLY REPORT FORM**

NAME OF BUSINESS OR ORGANIZATION _____

ADDRESS _____ BUSINESS PHONE: _____

RESPONSIBLE INDIVIDUAL _____
(Name) (Address) (Phone)

TYPE OF ACTIVITY _____
(Bingo) (Raffles) (Pull-tabs) (Punchboards) (Card games) (Amusement)

STATE LICENSE NUMBER(S) _____

Type of Gambling Activity	January 1 thru March 31	April 1 thru June 30	July 1 thru Sept. 30	Oct. 1 thru Dec. 31
BINGO/ RAFFLES				
Gross Receipts	\$ _____	\$ _____	\$ _____	\$ _____
Less Prizes Awarded	\$ _____	\$ _____	\$ _____	\$ _____
Equals NET RECEIPTS	\$ _____	\$ _____	\$ _____	\$ _____
TIMES 5% (Amount due)	\$ _____	\$ _____	\$ _____	\$ _____
PULL TABS & PUNCH BOARDS				
Gross Receipts	\$ _____	\$ _____	\$ _____	\$ _____
TIMES 5% (Amount due)	\$ _____	\$ _____	\$ _____	\$ _____
AMUSEMENT GAMES				
Gross Receipts	\$ _____	\$ _____	\$ _____	\$ _____
Less Prizes Awarded	\$ _____	\$ _____	\$ _____	\$ _____
Equals NET RECEIPTS	\$ _____	\$ _____	\$ _____	\$ _____
TIMES 2% (Amount due)	\$ _____	\$ _____	\$ _____	\$ _____
CARD GAMES				
Gross Receipts	\$ _____	\$ _____	\$ _____	\$ _____
TIMES 10% (Amount due)	\$ _____	\$ _____	\$ _____	\$ _____
OTHER GAMBLING				
Gross Receipts	\$ _____	\$ _____	\$ _____	\$ _____
TIMES 10% (Amount due)	\$ _____	\$ _____	\$ _____	\$ _____
Penalty (if due)	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL DUE FOR QTR	\$ _____	\$ _____	\$ _____	\$ _____

SIGNATURE AND VERIFICATION

I hereby swear and affirm that the information given in this return is true, accurate and complete under penalty of perjury of the laws of the State of Washington.

(Date) (Signature of preparer) (Title)

Total tax paid for _____ Quarter of 2 _____: \$ _____

Return must be accompanied by copy of quarterly report to Washington State Gambling Commission. Payments shall be made payable to Sedro-Woolley Treasurer.

Taxes shall be computed on the basis of activity during each calendar quarter year, shall be due on or before the last day of the month next succeeding the quarterly period in which the tax accrued, that is, on January 31st, April 30th, July 31st, and October 31st each year.

SWMC 5.40.060 states:

- A. If full payment of any tax or fee due under the provisions of this chapter is not received by the city treasurer on or before the date due, there shall be added to the amount due a penalty fee as follows:
 1-10 days late, 5% of tax due
 11-20 days late, 10% of tax due
 21-31 days late, 10% of tax due
 32-60 days late, 20% of tax due
- B. In no event shall the penalty amount be less than ten dollars. In addition to this penalty, the city treasurer may charge the taxpayer interest of ten percent of all taxes and fees due for each thirty-day period, or portion thereof, that such amounts are past due.
- C. Failure to make payment in full of all tax amounts and penalties within sixty days following the day the tax amount initially became due shall be both a civil and a criminal violation of this section.

SWMC 5.40.020 (C) states: No tax shall be imposed under the authority of this section on bingo or amusement games when such activities or any combination thereof are conducted by any bona fide charity or nonprofit organization as defined in RCW Ch. 9.46, which organization has no paid operating or management personnel and has gross receipts from bingo or amusement game, or a combination thereof, not exceeding \$5,000.00 per year, less the amount awarded as cash or merchandise prizes. No tax shall be imposed on the first \$10,000.00 of gross receipts less the amount awarded as cash or merchandise prizes from raffles conducted by any bona fide charitable or nonprofit organization as defined in RCW Ch. 9.46.

SWMC 5.40.020 (H) states: Taxes imposed under this section become a lien upon personal and real property used in the gambling activity in the same manner as provided for under RCW 84.60.010. The lien shall attach the date the tax becomes due, and shall relate back and have priority against real and personal property to the same extend as ad valorem taxes.

For City Use Only:

Receipt No. _____ Date Received: _____

By: _____