City of Orting
Gambling Tax Return

Business Name: _____
For Quarter Ending _____
For Year: _____
Date Return Filed: _____

Remit payment to: City of Orting
Finance Director/City Clerk
PO Box 489
Orting, WA 98360

A. Charitable, Nonprofit & Other Organizations:

Punchboard/Pull-Tabs:
Gross Receipts: $_____
Less: Prizes Paid: $_____
City Tax Rate: 10%
Punchboard/Pull-Tab Tax Due: $_____

Cards: ($100 minimum tax per year)
Gross Fees: $_____
City Tax Rate: 10%
Card Tax Due: $_____

Bingo:
Gross Receipts: $_____
Less: Prizes Paid: $_____
City Tax Rate: 5%
Bingo Tax Due: $_____

Summary of Quarterly Tax
Punchboard/Pull-Tab Tax $_____
Card Tax: $_____
Bingo Tax: $_____
Total City Tax Due: $ _____

B. Taverns And Restaurants:

Punchboard/Pull-Tabs:
Gross Receipts: $_____
City Tax Rate: 4%
Punchboard/Pull-Tab Tax Due $_____

Cards: ($100 minimum tax per year)
Gross Fees: $_____
City Tax Rate: 10%
Card Tax Due: $_____

Bingo:
Gross Receipts: $_____
Less: Prizes Paid: $_____
City Tax Rate: 5%
Bingo Tax Due: $_____

Summary of Quarterly Tax
Punchboard/Pull-Tab Tax $_____
Card Tax: $_____
Bingo Tax: $_____
Total City Tax Due: $ _____

I declare under penalty of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Signature	**Printed Name & Title**	**Daytime Phone**	**Date**