# City of black diamond

# BUSINESS Gambling Tax form

## P.O. Box 599 - 24301 Roberts Drive

# Black Diamond, WA 98010

## Phone: 360.851.4500 – Fax: 360.851.4501



Business Name City Business Lic.# \_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street or P.O. Box City State Zip

Quarter Year State Gambling License #

Sign and return this copy with your payment

**See Ordinance number 618.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gambling Activity** | **Gross Amount** | **Less Amount Awarded as Prizes** | **Net Amount** | **Tax Rate** | **Quarterly Tax Due** |
| Bingo |  |  |  | 5% |  |
| Raffles |  |  |  | 5% |  |
| Amusement Games |  |  |  | 2% |  |
| Pull Tabs  |  |  |  | 10% |  |
| Punch boards |  |  |  | 10% |  |
| Social Card Games |  | N/A | N/A | 20% |  |
| **TOTAL** | **-** | **-** | **-** | **-** |  |

Exemptions, please list and explain:

PENALTIES: As set forth in City of Black Diamond Municipal Code.

|  |
| --- |
| I/we hereby certify under the penalties of perjury that the sum above shown is the amount of tax for which I am/we are liable for the quarterly period above shown under and computed according to the provisions of Municipal Code. I/we further certify that the information herein given and the amount of tax liability herein are full and true and I/we know the same to be true. |

License Holder Title Date

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**FOR CITY USE ONLY**

Amount Paid Date Received T.R. # Clerk