



REPORT OF PUNCHBOARD/PULL-TABS ACTIVITIES FOR LICENSED ESTABLISHMENT - PER ORDINANCE M-1465, AS AMENDED BY ORDINANCE M-2436

BUSINESS NAME: \_\_\_\_\_ WA UBI #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_
Street Number City State Zip

MAILING ADDRESS: \_\_\_\_\_
(If Different) Street Number or PO Box City State Zip

PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FOR MONTH OF: \_\_\_\_\_, 20\_\_

- TOTAL GROSS RECEIPTS (SALES) - DO NOT INCLUDE GAMBLING RECEIPTS: \$\_\_\_\_\_
GROSS RECEIPTS FROM SALES OF FOOD AND DRINK: \$\_\_\_\_\_

NOTE: Please include only items DIRECTLY RELATED to your punchboard/pull-tab activity.

PUNCHBOARD/PULL-TAB FINANCIAL INFORMATION

Table with 4 columns: Description, PUNCHBOARDS, PULL-TABS, TOTAL. Rows include GROSS RECEIPTS, CITY TAX DUE, and TOTAL REMITTED.

I swear or affirm that the information given in this return is true and correct.

Signature of Taxpayer Authorized Signatory DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

Printed Name of Taxpayer Authorized Signatory Daytime Phone Number

REMITTANCE DUE ON OR BEFORE FIFTEENTH (15TH) DAY OF MONTH FOLLOWING MONTH IN WHICH TAX IS ACCRUED. NO PENALTY IF TAX IS RECEIVED IN OUR OFFICE BY LAST DAY OF MONTH.

LATE PAYMENT PENALTIES: 16 to 45 days ..... 10%, min \$1.00 46 to 75 days ..... 15%, min \$2.00 76 or more days ... 20%, min \$5.00

PLEASE SEND REMITTANCE TO: CITY OF VANCOUVER TAX & LICENSE DEPARTMENT PO BOX 8995 VANCOUVER WA 98668-8995