

2012 Alaska Operator Quarterly Report Games of Chance and Contests of Skill

Report Period (check one)
 January - March April - June
 July - September October - December

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AS 05.15.083(a)

Due Date: The last business day of the month following each calendar quarter in which an activity was conducted.

Federal EIN or SSN		License Number		Operator Name / dba				Page _____ of _____							
Mailing Address			City	State	Zip	Contact Person									
Phone Number		Fax Number		E-mail Address											
Complete columns A through G for each permittee for whom gaming activities were conducted during the reporting period		Column A Gross Receipts		Column B Taxes		Column C Prizes		Column D Adjusted Gross Income		Column E Game Related Expenses		Column F Net Proceeds		Column G Net Proceeds Paid	
		(from Schedule A, line 1, column I)		(from Schedule A, line 2, column I)		(from Schedule A, line 3, column I)		(from Schedule A, line 4, column I)		(from Schedule A, line 5, column I)		(from Schedule A, line 6, column I)		(from Schedule A, line 7, column I)	
Permit No	Permittee Name														
Use additional sheets if necessary		TOTALS.....													
													TOTAL NET PROCEEDS PAID TO ALL PERMITTEES.....		

I declare, under penalty of unsworn falsification, that I have examined this report, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true and complete.

Operator or Agent Signature / Date X		Printed Name			
Paid Preparer's Signature / Date X		Printed Name			
Paid Preparer's Firm Name		Paid Preparer's Firm Address, City, State, Zip			

Mail to: ALASKA DEPARTMENT OF REVENUE
TAX DIVISION - GAMING GROUP
PO BOX 110420
JUNEAU AK 99811-0420
Phone 907-465-2320 • Fax 907-465-3098

Attach a completed copy of the Federal and State Quarterly Payroll Reports for this reporting period.

DEPARTMENT USE ONLY
PMD

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Retain a copy for your records

2012 Alaska Operator Quarterly Report

Quarter (check one)
 1st 2nd
 3rd 4th

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Permit Number	Permittee Name	License Number	Operator Name / dba
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Check here if these schedules report Operator Total Activity **SCHEDULE A: ACTIVITY REPORT BY PERMITEE**

Description	Column A Bingo	Column B Pull-Tabs	Column C Raffles	Column D Other Game Type	Column E Other Game Type	Column F Other Game Type	Column G Other Game Type	Column H Other Game Type	Column I Total
1. Gross Receipts									
2. Federal Excise Tax									
3. Cost of Prizes									
4. Adj Gross Income ⁽¹⁾									
5. TOTAL EXPENSES									
6. NET PROCEEDS ⁽²⁾									
7. TOTAL NET PROCEEDS PAID TO PERMITEE.....									

⁽¹⁾Subtract lines 2 and 3 from line 1

⁽²⁾Subtract lines 5 from line 4.

SCHEDULE C: GAME-RELATED EXPENSES

Expenses	Bingo	Pull-Tabs	Raffles	Other Game Type	Total				
8. Rental of Facility									
9. Other Facility Costs									
10. Contract / Pro. Services									
11. Accounting									
12. Wages									
13. Payroll Taxes									
14. Pull-Tab Tax Paid									
15. Cost of Pull-Tab Games & Bingo Cards (Sch C-1)									
16. Advertising									
17. Equipment Purchases									
18. Operator Fee									
19. Door Prizes									
20. Other Expenses									
21. TOTAL EXPENSES ⁽³⁾									

⁽³⁾To Schedule A line 5.

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Permit Number	Permittee Name
Operator License Number	Operator Name / dba

SCHEDULE C-1: COST OF PULL-TAB GAMES AND BINGO CARDS

Quarter (check one)
 1st 2nd
 3rd 4th

<p>Inventory Method for Pull-Tab Games:</p> <p><input type="checkbox"/> Unopened Games</p> <p><input type="checkbox"/> Percent Complete</p>
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1. Cost of inventory of unopened games/unused cards at beginning of quarter. (If different from last quarter's ending inventory, attach explanation).
2. Cost of pull-tab games or bingo cards purchased.
3. Inventory available for sale; add line 1 and line 2.
4. Cost of inventory of unopened games/unused cards at end of quarter.
5. Cost of pull-tab games; line 3 minus line 4 (enter on Schedule C, line 15, for pull-tabs).
6. Cost of bingo cards; line 3 minus line 4 (enter on Schedule C, line 15, for bingo).

Pull-Tab games		Bingo Cards	
1		1	
2		2	
3		3	
4		4	
5		5	
		6	

