

State of Alaska
Games of Chance and Contests of Skill
2006 Multiple-beneficiary Permittee Annual Report
AS 05.15.145(d)

DEPT USE ONLY GSN:

Due Date: February 28, 2007

This form is also available on the Internet at www.tax.state.ak.us/forms.asp

Federal EIN	MBP Number	MBP Name / dba	
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 <small>(from Schedule A, line 1, column I)</small>	Column B Taxes <small>(from Schedule A, line 2, column I)</small>	Column C Prizes <small>(from Schedule A, line 3, column I)</small>	Column D Adjusted Gross Income <small>(from Schedule A, line 4, column I)</small>	Column E Game Related Expenses <small>(from Schedule A, line 5, column I)</small>	Column F Net Proceeds <small>(from Schedule A, line 6, column I)</small>	Column G Net Proceeds Paid <small>(from Schedule A, line 7, column I)</small>
Permit No.	Permittee Name							
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.

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

DEPT USE ONLY PMD:

Attach a completed copy of the Internal Revenue Service Form 940 and a W-2 for each person employed by the MBP in 2006.

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Permit Number	Permittee Name	MBP Number	MBP Name / dba
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SCHEDULE A: ACTIVITY REPORT BY PERMITTEE

	Description	Column A Bingo	Column B Pull-Tabs	Column C VENDOR SALES Pull-Tabs	Column D Raffles	Column E Other (Specify)	Column F Other (Specify)	Column G Other (Specify)	Column H Other (Specify)	Column I Total
1.	Gross Receipts									
2.	Taxes									
3.	Cost of Prizes									
4.	Adj Gross Income ⁽¹⁾									
5.	TOTAL EXPENSES									
6.	NET PROCEEDS ⁽²⁾									
7.	TOTAL NET PROCEEDS PAID TO PERMITTEE									

⁽¹⁾ Subtract lines 2 and 3 from line 1.

⁽²⁾ Subtract line 5 from line 4.

SCHEDULE C: GAME-RELATED EXPENSES

	Expenses	Bingo	Pull-Tabs	VENDOR SALES Pull-Tabs	Raffles	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	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 and Bingo Cards (Sch C-1)									
16.	Advertising									
17.	Equipment Purchases									
18.	Vendor Compensation									
19.	Door Prizes									
20.	Other Expenses									
21.	TOTAL EXPENSES ⁽³⁾									

⁽³⁾ To Schedule A line 5.

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SCHEDULE AV: VENDOR ACTIVITY REPORT

	ABC License Number	Vendor Name / dba
Vendor 1		
Vendor 2		
Vendor 3		
Vendor 4		
Vendor 5		

FINANCIAL INFORMATION

<i>Vendor Number from schedule above</i>	Column A Gross Receipts	Column B Taxes	Column C Prizes	Column D Adjusted Gross Income <small>(col A less col B & C)</small>	Column E Vendor Compensation	Column F Cost of Pull-Tab Games	Column G Pull-Tab Tax Paid	Column H Other Vendor Expenses	Column I Total Expenses <small>(add col E - H)</small>	Column J Net Proceeds <small>(col D minus col I)</small>
Vendor 1										
Vendor 2										
Vendor 3										
Vendor 4										
Vendor 5										

Sub Total <small>(this page only)</small>										
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	<small>To Schedule A Line 1, Column C</small>	<small>To Schedule A Line 2, Column C</small>	<small>To Schedule A Line 3, Column C</small>	<small>To Schedule C Line 18, Column C</small>	<small>To Schedule C Line 14, Column C</small>	<small>To Schedule C Line 20, Column C</small>				
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Grand Total <small>(all pages)</small>										
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Use additional sheets if necessary.

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

Inventory Method for Pull-Tab Games	
<input type="checkbox"/>	Unopenend Games
<input type="checkbox"/>	Percent Completed

1. Cost of inventory of unused cards/unopened games at beginning of year.
(If different from last year's ending inventory, attach explanation.)
2. Cost of bingo cards or pull-tab games purchased.
3. Add line 1 and line 2.
4. Cost of inventory of unused cards/unopened games at end of year.
5. Line 3 minus line 4 (enter on Schedule C, line 15, pull-tab).
6. Line 3 minus line 4 (enter on Schedule C, line 15, bingo).

Pull-Tab Games					
Self-Directed		Vendor		Bingo Cards	
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
				6	

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SCHEDULE D: PULL-TAB ATTACHMENT

Use this form only for games not included in the MBP Quarterly Reports.

Distributor License No.	State ID Stamp Label	Game Serial Number	Form Number	Gross Receipts	Prize Payout	Ideal Net	3% Tax	Date In/ Date Out
								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
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								IN ----- OUT
Subtotal (amounts from this page)								Use additional sheets if necessary.
Grand Total (include amounts from all pages)								

