

State of Alaska
Games of Chance and Contests of Skill
2006 Permittee Annual Financial Statement - EZ
AS 05.15.080(b)

Dept Use Only FSN:

Due: March 15, 2007

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

Federal EIN	Permit Number	Organization Name
Mailing Address		City, State, Zip
Telephone Number	Fax Number	E-mail Address

FORM ELIGIBILITY

		Yes	No
Did your organization conduct any gaming activity other than bingo, pull-tabs or raffles and lotteries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the total gross receipts from all gaming activities \$20,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you contract with an operator or vendor at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you a member of an MBP at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do not use this form if:

- A. You answered "Yes" to any of the questions above, or
- B. Any of your gaming activities had a negative adjusted gross income.

SUMMARY INFORMATION

1. Total adjusted gross income from page 2, line 4	1	
2. Total net proceeds from page 2, line 6	2	

GAMING ACCOUNT BALANCE

3. Prior year balance of Games of Chance and Skill checking account	3	
4. Net Proceeds (Page 1, line 2)	4	
5. Interest earned on Games of Chance and Skill checking account	5	
6. Other Deposits and Increases (See Instructions)	6	
7. Total (add lines 4, 5, and 6)	7	
8. Total Donations of net proceeds (Page 2, Schedule E, Total Donations)	8	
9. Other Disbursements and Reductions (See Instructions)	9	
10. Total reductions to checking account (add lines 8 and 9)	10	
11. Year-end balance of Games of Chance and Skill checking account (add lines 3 and 7, subtract line 10)	11	

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

Member in Charge or Agent Signature / Date X	Printed Name
President or Treasurer Signature / Date X	Printed Name
Paid Preparer's Signature / Date X	Printed Name
Firm Name	Firm Address, City, State, Zip

DEPT USE ONLY
PMD:

Attach a copy of your December 31, 2005 and December 31, 2006 bank statements and bank reconciliations.

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Permit Number	Permittee Name
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SCHEDULE AP: PERMITTEE ACTIVITY REPORT

Description	Column A Bingo ⁽¹⁾	Column B Pull-Tabs ⁽¹⁾	Column C Raffles	Column D Total
▶ 1. Gross Receipts				
▶ 2. Taxes				
▶ 3. Cost of Prizes				
4. Adjusted Gross Income ⁽²⁾				
▶ 5. TOTAL EXPENSES				
6. NET PROCEEDS ⁽³⁾				

⁽¹⁾ Accrual accounting required after 2002

⁽²⁾ Subtract lines 2 and 3 from line 1. Enter Total Adjusted Gross Income on page 1 line 1

⁽³⁾ Subtract line 5 line from line 4. Enter Total Net Proceeds on page 1 line 2

▶ SCHEDULE C: GAME-RELATED EXPENSES ◀	(If adjusted gross income for any activity is negative, stop here. <u>Use the long form</u>)			
1. Rental of Facility				
2. Other Facility Costs				
3. Contract / Professional Services				
4. Accounting				
5. Wages				
6. Payroll Taxes				
7. Pull-Tab Tax Paid				
8. Cost of Bingo Cards and Pull-tab Games				
9. Advertising				
10. Equipment Purchases				
11. Building Depreciation				
12. Door Prizes				
13. Other Expenses				
14. TOTAL EXPENSES				

SCHEDULE E: DONATIONS OF NET PROCEEDS

RECIPIENT	PURPOSE	DATE	CHECK NO	AMOUNT

Use additional sheets if necessary.	Subtotal (amounts from this page)	
	Total Donations (include amounts from all pages)	

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Page ____ of ____

SCHEDULE D: PULL-TAB ATTACHMENT

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
								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
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								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
Subtotal (amounts from this page)								
Grand Total (include amounts from all pages)								

Use additional sheets if necessary.