

State of Alaska
Games of Chance and Contests of Skill
2007 Multiple-beneficiary Quarterly Report
AS 05.15.145 (d)

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

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

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

DEPT USE ONLY
PMD:

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

2007 Multiple-beneficiary Quarterly Report

Permit Number	Permittee Name	MBP Number	MBP Name / dba	Quarter (check one)
---------------	----------------	------------	----------------	---------------------

SCHEDULE A: ACTIVITY REPORT BY PERMITTEE

This form is	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
Description									
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.

2007 Multiple-beneficiary Quarterly Report

Quarter (check one)

MBP Number	MBP Name / dba
------------	----------------

SCHEDULE AV: VENDOR ACTIVITY REPORT

Page ____ of ____

VENDOR INFORMATION

	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>										

	<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>			
Grand Total <small>(all pages)</small>										

2007 Multiple-beneficiary Quarterly Report

MBP Number	MBP Name / dba
------------	----------------

Quarter (check one)

- 1st 2nd
 3rd 4th

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 quarter. (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 quarter.
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		Bingo Cards
	Self-Directed	Vendor	
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6			6

