

**State of Alaska**  
**Games of Chance and Contests of Skill**  
**2007 Permittee Annual Financial Statement - EZ**  
**AS 05.15.080(b)**

|                       |
|-----------------------|
| Dept Use Only<br>FSN: |
|-----------------------|

**Due: March 15, 2008**

This form is also available on the Internet at [www.tax.state.ak.us/forms.asp](http://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 <b>other than</b> bingo, pull-tabs or raffles and lotteries? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were the <b>total gross receipts</b> from all gaming activities \$20,000 or more? .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you contract with an <b>operator or vendor</b> at any time during the year? .....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you a member of an <b>MBP</b> 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<br><br>X | Printed Name                   |
| President or Treasurer Signature / Date<br><br>X    | Printed Name                   |
| Paid Preparer's Signature / Date<br><br>X           | Printed Name                   |
| Firm Name   | Firm Address, City, State, Zip |

|                       |
|-----------------------|
| DEPT USE ONLY<br>PMD: |
|-----------------------|

**Attach a copy of your December 31, 2006 and December 31, 2007, bank statements and bank reconciliations.**

**2007 Permittee Annual Financial Statement - EZ**

|               |                |
|---------------|----------------|
| Permit Number | Permittee Name |
|---------------|----------------|

**SCHEDULE AP: PERMITTEE ACTIVITY REPORT**

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

(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. **Use the long form**)

|   |  |  |  |  |
|---|--|--|--|--|
| 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) .....

2007 Permittee Annual Financial Statement - EZ

|               |                |
|---------------|----------------|
| Permit Number | Permittee Name |
|---------------|----------------|

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/<br>Date Out |
|---|----------------------|--------------------|-------------|----------------|--------------|-----------|--------|----------------------|
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
|   |                      |                    |             |                |              |           |        | IN<br>-----<br>OUT   |
| <b>Subtotal</b> (amounts from this page) .....            |                      |                    |             |                |              |           |        |                      |
| <b>Grand Total</b> (include amounts from all pages) ..... |                      |                    |             |                |              |           |        |                      |

**Use additional sheets if necessary.**