

State of Alaska
Games of Chance and Contests of Skill
2007 Permittee Quarterly Report
AS 05.15.080(a)

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

Report Period (check one): January - March April - June July - September October - December
Due Date: May 15 August 14 November 14 February 14

Types of Activity (check all applicable):
 Bingo Pull-Tab Raffle Contest of Skill
 Dog Musher's Contest Fish Derby Other - Specify: _____

ACTIVITIES CONDUCTED BY OPERATOR OR MULTIPLE-BENEFICIARY PERMITTEE (MBP)

Enter amounts from Schedule A (Activity Report by Permittee) of the Operator or MBP Quarterly Reports.

1. Gross receipts from all games (Column I, line 1).....	1	
2. Taxes reported from all games (Column I, line 2).....	2	
3. Cost of Prizes reported for all games (Column I, line 3).....	3	
4. Adjusted gross income from all games (Column I, line 4).....	4	
5. Game-related expenses from all games (Column I, line 5).....	5	
6. Net proceeds from all games (Column I, line 6).....	6	

ACTIVITIES CONDUCTED BY PERMITTEE AND VENDOR

7. Gross receipts from all permittee and vendor activity.....	7	
8. Taxes reported from all games	8	
9. Prizes awarded from all permittee and vendor activity (including cash, merchandise, services, etc.)....	9	
10. Adjusted gross income from all permittee and vendor activity.....	10	
11. Game-related expenses from all permittee and vendor activity.....	11	
12. Net proceeds from all permittee and vendor activity.....	12	
13. Total net proceeds from permittee, vendor, operator and MBP activity (line 6 plus line 12).....	13	

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 Schedule D Pull-Tab Attachment, for closed games.
Attach a Calcutta pool report form for each Calcutta pool conducted in the quarter.

