

State of Alaska
Games of Chance and Contests of Skill
2008 Operator Quarterly Report
AS 05.15.083(a)

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 or SSN | License Number | Operator Name / dba | | Page ____ of ____ |
| 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 | | | | | | | |
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| 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.

| | |
|---|--------------------------------|
| Operator or Agent 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 completed copy of the Federal and State Quarterly Payroll Reports for this reporting period.

use additional sheets if necessary

2008 Operator Quarterly Report

| | | | | |
|---------------|----------------|----------------|---------------------|---------------------|
| Permit Number | Permittee Name | License Number | Operator Name / dba | Quarter (check one) |
|---------------|----------------|----------------|---------------------|---------------------|

Check here if these schedules report Operator Total Activity

SCHEDULE A: ACTIVITY REPORT BY PERMITTEE

| Description | Column A Bingo | Column B Pull-Tabs | Column C Raffles | Column D Other (Specify) | 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 | Raffles | Other (Specify) | 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. Operator Fee | | | | | | | | | |
| 19. Door Prizes | | | | | | | | | |
| 20. Other Expenses | | | | | | | | | |
| 21. TOTAL EXPENSES ⁽³⁾ | | | | | | | | | |

⁽³⁾ To Schedule A line 5.

2008 Operator Quarterly Report

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|----------------|---------------------|
| Permit Number | Permittee Name |
| License Number | Operator 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 | |
|----------------|--|-------------|--|
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | | 5 | |
| | | 6 | |

2008 Operator Quarterly Report

| | | | |
|---------------|----------------|----------------|---------------------|
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|---------------|----------------|----------------|---------------------|

Quarter (check one)

1st
 2nd
 3rd
 4th

SCHEDULE D: PULL-TAB ATTACHMENT

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

Use additional sheets if necessary.

