Alaska Department of Revenue

Tax Division

PO Box 110420

Juneau, Alaska 99811-0420

Telephone 907.465.2320

State of Alaska
Games of Chance and Contests of Skill
2009 Calcutta Pool
AS 05.15.080(c)

Due Date: Fifteen days after the Calcutta pool.

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

Date Stamp

FOR OFFICIAL STATE USE ONLY

Federal EIN	Permit Number	Organization Name

Mailing Address	City, State, Zip Code

Telephone Number	Fax Number	E-mail Address

Physical location of the Calcutta pool	Date of the Calcutta pool

Name, type and physical location of the sporting event on which the Calcutta pool is based

Schedule A: Calcutta Pool Reciepts

1. Gross receipts--wagers collected at auction……………………………………………………	1
2. Prizes distributed to the winners of the pool……………………………………………………	2
3. Adjusted Gross Income [subtract line 2 from line 1]……………………………………………	3
4. Expenses from Schedule B, line 15……………………………………………………………	4
5. Net proceeds [subtract line 4 from line 3; must be at least 50% of line 3]………………………	5

Schedule B: Calcutta Pool Expenses

6. Rental of Facility……………………………………………………………………………	6
7. Other Facility Costs [attach separate schedule of other facility costs]………………………	7
8. Contract / Professional Services………………………………………………………………	8
9. Accounting……………………………………………………………………………………	9
10. Payroll………………………………………………………………………………………	10
11. Payroll Taxes………………………………………………………………………………	11
12. Advertising…………………………………………………………………………………	12
13. Door Prizes…………………………………………………………………………………	13
14. Other Expenses [attach separate schedule of other expenses]………………………………	14
15. TOTAL EXPENSES [add lines 6--14 and copy the amount on line 15 to line 4 above]…………	15

NOTE: All expenses of the Calcutta pool must be reported on lines 6 through 14.

16. Number of winning bids……………………………………………………………………	16

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	Printed Name
X	

President or Treasurer Signature / Date	Printed Name
X	

Paid Preparer's Signature / Date	Printed Name
X	

Firm Name	Firm Address, City, State, Zip Code

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Attach a copy of the facility lease, if any.