Alaska Department of Revenue Tax Division PO Box 110420 Juneau, Alaska 99811-0420 Phone 907-465-2320

## State of Alaska **Games of Chance and Contests of Skill** 2009 Permittee Annual Financial Statement - EZ AS 05.15.080(b)

Dept Use Only	
FSN:	

Due: March 15, 2010

			ne Internet at w	ww.tax.state.ak.us/forms.as	sp		
Federal EIN Permit N	umber	Organization Name					
Mailing Address		<u> </u>		City, State, Zip			
Telephone Number Fax Num	iber		E-mail Address	•			
FORM ELIGIBILITY						Yes	No
Did your organization conduct any gamin	ng activity o	ther than bingo, p	ull-tabs or raffle	s and lotteries?			
Were the total gross receipts from all g	gaming activ	ities \$20,000 or m	ore?				
Did you contract with an operator or ve	ndor at any	time during the ye	ar?				
Were you a member of an MBP at any t	ime during t	he year?					
Do not use this form if:  A. You answered "Yes" to any of the B. Any of your gaming activities had a	•	,	me.				
SUMMARY INFORMATION							
1. Total adjusted gross income from pa	age 2, line 4				1		
2. Total net proceeds from page 2, line 6							
GAMING ACCOUNT BALANCE							
Attach a copy of your December 31	•	•	•				
Prior year balance of Games of Chance and Skill checking account							
4. Net Proceeds (Page 1, line 2)							
Interest earned on Games of Chance and Skill checking account							
6. Other Deposits and Increases (See Instructions)							
7. Total (add lines 4, 5, and 6)							
8. Total Donations of net proceeds (Page 2, Schedule E, Total Donations)							
9. Other Disbursements and Reductions (See Instructions)							
10. Total reductions to checking account (add lines 8 and 9)							
11. Year-end balance of Games of Chance and Skill checking account (add lines 3 and 7, subtract line 10)							
We declare under penalty of uns		ation, that we have		, ,	nying schedules and	statements,	
Member in Charge or Agent Signature / Date	the best of c	ur knowieuge and		ted Name			
x							
President or Treasurer Signature / Date			Prir	ted Name			
X Paid Preparer's Signature / Date			Prir	ted Name			
			[ "				
X Firm Name			Firm Address, Ci	y, State, Zip			
DEPT USE ONLY		Attach	a copy of yo	ur December 31, 2008 a	and December 31	, 2009,	

Attach a copy of your December 31, 2008 and December 31, 2009, bank statements and bank reconciliations.

PMD:

## 2009 Permittee Annual Financial Statement - EZ

Pern	nit Number	Permittee Name					Page	_ of
00	HEDIII E AD.	DEDMITTEE ACT	FIVITY DEDORT					
36	HEDULE AP:	PERMITTEE ACT	Column A	Column B	Colu	ımn C	Column [	)
	Descri	ption	Bingo <sup>(1)</sup>	Pull-Tabs <sup>(1)</sup>	Ra	ffles	Total	
1.	Gross Receipts	;						
2.	Taxes							
3.	Cost of Prizes							
4.	Adjusted Gross	s Income (2)						
5.	TOTAL EXPEN	ISES						
6.	NET PROCEE	os <sup>(3)</sup>						
		ounting required		(2) Subtract lines 2 and 3 fro	om line 1. Enter	Total Adjusted C	Gross Income on pa	ge 1 line
<b>SC</b>		E 5 line from line 4.  EAME-RELATED	Enter Total Net Proceeds	on page 1 line 2 (If adjusted gross income	for any activity	is pogativo, stor	horo Heathalan	a form)
	Rental of Facili		EXPENSES	(ii adjusted gross income	ior arry activity	is negative, stop	There. Ose the foll	<u>g ioiiii</u> )
	<u> </u>							
	Other Facility C							
3.	Contract / Profe	essional Services						
4.	Accounting							
5.	Wages							
6.	Payroll Taxes							
7.	Pull-Tab Tax Pa	aid						
8.	Cost of Bingo C							
a	and Pull-tab Advertising	o Games				-		
		ohaaa						
	Equipment Pur							
	Building Depre	ciation						
	Door Prizes							
13.	Other Expense	s						
14.	TOTAL EXPEN	ISES						
SC			F NET PROCEEDS		_	_		
	RECIP	IENT	PUR	POSE	DATE	CHECK NO	AMOUN	<u> </u>
llea	additional sho	ets if necessary.		Subtotal (amounts from	this nage)	<u> </u>		
		10/09) Page 2		Total Donations (include am				

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Permit Number	Permittee Name						7	Page of
								. ago o
SCHEDULE D	: PULL-TAB ATTACHMENT							
License No.	State ID Stamp Label	Game Serial Number	Form Number	Gross Receipts	Prize Payout	ldeal Net	3% Tax	Date In/ Date Out
LICEIISE NO.	State ID Starrip Laber	Number	Number	Neceipis	Fayout	INCL	Tax	IN Date Out
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	Subtotal (amounts	s from this page)	•••••••					Use additional
	Grand Total (include amount					sheets if necessary.		