

State of Alaska
Games of Chance and Contests of Skill
2010 Permittee Annual Financial Statement - EZ
AS 05.15.080(b)

Dept Use Only FSN:

Due: March 15, 2011

This form is also available on the Internet at www.tax.alaska.gov

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 other than bingo, pull-tabs or raffles and lotteries?	<input type="checkbox"/>	<input type="checkbox"/>
Were the total gross receipts from all gaming activities \$20,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
Did you contract with an operator or vendor at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you a member of an MBP at any time during the year?	<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, Schedule AP, line 4	1	
2. Total net proceeds from page 2, Schedule AP, 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 X	Printed Name
President or Treasurer Signature / Date X	Printed Name
Paid Preparer's Signature / Date X	Printed Name
Paid Preparer's Firm Name	Paid Preparer's Firm Address, City, State, Zip

DEPT USE ONLY PMD:

**Attach a copy of your December 31, 2009 and December 31, 2010,
 bank statements and bank reconciliations.**

