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

State of Alaska Games of Chance and Contests of Skill 2011 Multiple-Beneficiary Permittee Quarterly Report AS 05.15.145 (d)

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.alaska.gov Federal EIN MBP Number Mailing Address City, State, Zip Contact Person Phone Number Fax Number E-mail Address Column A Column B Column C Column D Column E Column F Column G Complete columns A through G for each permittee for whom **Gross Receipts Taxes Prizes Adjusted Gross Game Related Net Proceeds Net Proceeds** gaming activities were conducted during the reporting period. Income **Expenses** Paid (from Schedule A. Permit No. Permittee Name line 1, column I) line 2. column I) line 4, column I) line 5, column I) line 7. column I) line 3. column I) line 6, column I) 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 knowlege and belief, it is true and complete. MBP or Agent Signature / Date Printed Name Paid Preparer's Signature / Date Printed Name Paid Preparer's Firm Address, City, State, Zip Paid Preparer's Firm Name

Attach a completed copy of the Federal and State Quarterly Payroll Reports for this reporting period.

DEPT USE ONLY

PMD:

Permit Number Permittee Name	3			MBP Number	MBP Name / dba				Quarter (check on
Check here if these sched	ules report MBP To	otal Activity	SCHEDULE A: A	ACTIVITY REF	PORT BY PERMI	TTEE			3rd
This form is Description	Column A Bingo	Column B Pull-Tabs	Column C VENDOR SALES Pull-Tabs	Column D Raffles	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 PAI	D TO PERMITTER	<u> </u>				1	<u> </u>	1	
Expenses	Bingo	Pull-Tabs	VENDOR SALES Pull-Tabs	Raffles	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Total
8. Rental of Facility	Bingo	Pull-Tabs	Pull-Tabs	Rattles					Total
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. Vendor Compensation									
19. Door Prizes									
20. Other Expenses									

Form 04-867 (Rev. 12/10) Page 2

^{21.} TOTAL EXPENSES ⁽³⁾

(3) To Schedule A line 5.

			2011 N	nuitiple-benefic	iary Permittee	Quarterly Re	eport		Quarter (d	check one)
MBP Number	MBP Name / dba								1st 21	nd
VENDOR INF	ORMATION	S	CHEDULE AV: \	VENDOR ACTIV	ITY REPORT				Pa	ge of
	ABC Licens	se Number				Vendor N	ame / dba			
Vendor 1										
Vendor 2										
Vendor 3										
Vendor 4										
Vendor 5										
Vendor Number from schedule	Column A	Column B	Column C	Column D Adjusted Gross	Column E Vendor	Column F Cost of	Column G Pull-Tab	Column H Other	Column I Total	Column J Net
above	Gross Receipts	Taxes	Prizes	Income (col A less col B & C)	Compensation	Pull-Tab Games	Tax Paid	Vendor Expenses	Expenses (add col E - H)	Proceeds (col D minus col I)
Vendor 1										
Vendor 2										
Vendor 3										
Vendor 4										
Vendor 5										
Sub Total (this page only)										
Ones d'Estat	to Schedule A line 1, column C	to Schedule A line 2, column C	to Schedule A line 3, column C	T	to Schedule C line 18, column C		to Schedule C line 14, column C	to Schedule C line 20, column C		1
Grand Total				1						

(all pages)

MBP Number MBP Name / dba						
SCHEDULE C-1: COST OF PULL-TAB GAMES AND BINGO CARDS			Quarter 1st	t	eck one) 2nd 4th	
Inventory Method for Pull-Tab Games Unopenend Games Percent Completed						
		Pull-Tab G Self-Directed	ames Vendor		Bingo Cards	
Cost of inventory of unused cards/unopened games at beginning of quarter. (If different from last year's ending inventory, attach explanation.)	1	1	Vendor	1	Bingo Odirus	
2. Cost of bingo cards or pull-tab games purchased.	2	2		2		
3. Add line 1 and line 2.	3	3		3		
4. Cost of inventory of unused cards/unopened games at end of quarter	4	4		4		
5. Line 3 minus line 4 (enter on Schedule C, line 15, pull-tab).	5	5		5		
6. Line 3 minus line 4 (enter on Schedule C, line 15, bingo).						

MBP Number	MBP Name	SCHEDIII E	D. DIII TA		NIT			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	ldeal Net	3% Tax	Date In/ Date Out		
								IN OUT		
								IN_OUT		
								IN OUT		
								IN OUT		
								IN_OUT		
								IN OUT		
								IN OUT		
								IN OUT		
								IN OUT		
								IN OUT		
								IN OUT		
								IN OUT		
								IN OUT		
								IN OUT		
								IN OUT		
								IN OUT		
								IN OUT		
								IN OUT		
L								IN OUT		
	Subtotal (amounts	from this page)						Use additional		
	Grand Total (include amounts					sheets if necessary.				

MBP Number	Quarter (check one) 1st 2nd 3rd 4th							
SCHEDULE E: PAYMENTS TO PERMITTEES								
	PERMITTEE	PERMITTEE This form is also available on the Internet CHECK NO						
Subtotal (amounts from this page)								
TOTAL PA	ID TO PERMITTEES (include amounts from all p							