CITY OF BLACK DIAMOND

RAFFLES/GAMBLING ACTIVITIES TAX RETURN
P.O. BOX 599 - 24301 ROBERTS DRIVE
BLACK DIAMOND, WA 98010
PHONE: 360.886.5700 – FAX: 360.886.2592

Business Name _____City Business Lic.# _____

Address_____
Street or P.O. Box City State Zip

Quarter _____ Year _____ State Gambling License # _____

Sign and return this copy with your payment

See Ordinance number 618.

Gambling Activity	Gross Amount	Less Amount Awarded as Prizes	Net Amount	Tax Rate	Quarterly Tax Due
Bingo				5%	
Raffles				5%	
Amusement Games				2%	
Pull Tabs				10%	
Punch boards				10%	
Social Card Games		N/A	N/A	20%	
TOTAL	-	-	-	-	

Exemptions - please list and explain:

_____

_____

_____

_____

PENALTIES: As set forth in City of Black Diamond Municipal Code.
I/we hereby certify under the penalties of perjury that the sum above shown is the amount of tax for which I am/we are liable for the quarterly period above shown under and computed according to the provisions of Municipal Code. I/we further certify that the information herein given and the amount of tax liability herein are full and true and I/we know the same to be true.

_____
License Holder Title Date

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FOR CITY USE ONLY

Amount Paid _____ Date Received _____ T.R. # _____ Clerk _____