

NEVADA GAMING COMMISSION  
HORSE RACES AT COUNTY FAIRS  
**PARI-MUTUEL WAGERING TAX**

This report, with your remittance payable to the order of the NEVADA GAMING COMMISSION, is required to be filed NOT LATER THAN \_\_\_\_\_ covering the \_\_\_\_\_ preceding race day(s).

For Office Use Only

Account Number:		Check Number	
Legal Name:		Batch Number	
Trade Name:		Entry Date	
Address:			
City, State, Zip:			
Please correct if in error			

Covering the meets held on: \_\_\_\_\_

Paid attendance \_\_\_\_\_

Total number of wagers \_\_\_\_\_

Total number of races \_\_\_\_\_

Total amount paid to winners \$ \_\_\_\_\_

Amount of breakage \$ \_\_\_\_\_

Amount of unpaid winners \$ \_\_\_\_\_

Total dollar amount retained as commissions (not to exceed 20% of total amount handled) \$ \_\_\_\_\_

**Tax Computation [NRS 466.125(2)]**

Line 1.	Total amount of Pari-mutuel wagers	\$ _____
Line 2.	<b>TOTAL AMOUNT DUE [1% line 1]</b>	\$ _____

Please make remittance payable to: NEVADA GAMING COMMISSION  
Return to the Nevada Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004.  
Pursuant to NRS 353.1467, payments made to the State, in the aggregate, that amount to \$10,000 or more must be sent electronically.

I, \_\_\_\_\_ certify and declare under the penalties of perjury that I am the \_\_\_\_\_ of the organization named above; that this is a true, correct and complete report to the best of my knowledge, information, and belief.

Dated \_\_\_\_\_ Signed \_\_\_\_\_

Person to contact regarding this report: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS**