

NEVADA GAMING COMMISSION
NONRESTRICTED LICENSEES ONLY
LIVE ENTERTAINMENT TAX REPORT

This report, with your remittance payable to the order of the NEVADA GAMING COMMISSION, is required to be filed MONTHLY, NOT LATER THAN THE 15TH OF THE MONTH, covering the preceding calendar month.

Period Covered: _____

Filing Deadline: _____

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			

Instructions

This report is required for those locations that license more than 50 slot machines, more than 5 games or any combination thereof and charge an admission to a facility where Live Entertainment is offered regardless of seating occupancy. For all other locations, this report is required if Live Entertainment is provided in a facility with a maximum occupancy of at least 200 and an admission charge is collected.

Line 1. Taxable Sales \$ _____
 Note: Taxable sales for the purpose of LET are net of sales and use tax

Line 2. **TOTAL DUE BEFORE PENALTY** [9% of line 1] _____

Line 3. Penalty for late payment NRS 463.270 (5): Enter number of day(s) late: _____

A. Less than 10 days late: 25% of the amount due, but not less than \$50 and not more than \$1,000 _____

B. Ten or more days late: 25% of the amount due, but not less than \$50 and not more than \$5,000 _____

Line 4. **TOTAL AMOUNT DUE** [Total of lines 2 and 3A or 3B] \$ _____

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 business named above; that this is a true, correct and complete report (Owner, Partner, President, Treasurer, Other-describe) to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and consent of all other individuals licensed.

Dated _____ Signed _____

Person to contact regarding this report: Name: _____ Phone: _____

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS