

**NEVADA GAMING COMMISSION**  
**ANNUAL DROP AND COUNT SCHEDULE**

For Office Use Only

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

**Period Covered:** \_\_\_\_\_ **Filing Deadline:** \_\_\_\_\_

- Annual Filing  
 Amended Filing

NGC Regulation 6.130(1)(a) provides that gaming revenue shall only be collected and counted at the times designated on the schedule previously submitted to the Nevada Gaming Control Board. This form is for the use of nonrestricted Group II locations only, for reporting drop and count times, and changes in such schedules. Any unscheduled count must reported in advance by email to [tlcompliance@gcb.nv.gov](mailto:tlcompliance@gcb.nv.gov) or in writing, (Fax: (775) 684-7787 Carson City or (702) 486-3727 Las Vegas). If you have any questions, please contact the Nevada Gaming Control Board, Tax and License Division.

**COUNT AND REMOVAL TIMES:**

**Games and Tables**

<u>Drop/Count:</u>	<u>Count</u>	<u>Day/Date</u>	<u>Drop Box Removal Time*</u>	<u>Count Time*</u>
Graveyard Shift	_____	_____	_____	_____
Day Shift	_____	_____	_____	_____
Swing Shift	_____	_____	_____	_____

<u>Slot Machines Drop/Count:</u>	<u>Count</u>	<u>Day/Date</u>	<u>Drop Box Removal Time*</u>	<u>Count Time*</u>
Coin (Owned)	_____	_____	_____	_____
Coin (Participation)	_____	_____	_____	_____
Currency Acceptor (Owned)	_____	_____	_____	_____
Currency Acceptor (Participation)	_____	_____	_____	_____

**\* - The box removal and count times provided must be specific and not shown as the time ranges.**

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 to the Nevada Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004 or email to [tlcompliance@gcb.nv.gov](mailto:tlcompliance@gcb.nv.gov)

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