NGC-31 (01-01-17)

NEVADA GAMING COMMISSION

MONTHLY GROSS REVENUE STATISTICAL REPORT

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

SECTION A

CODE	SLOT MACHINES	NO. OF UNITS	COINS IN ($)	DROP ($)	GROSS REVENUE ($)
	TOTALS				

SECTION B

CODE	TABLE GAMES	NO. OF UNITS	PIT CREDIT ISSUES ($)	PIT CREDIT PAYMENT (CHIPS)($)	PIT CREDIT PAYMENT (CASH)($)	DROP ($)	WIN ($)	GROSS REVENUE ($)
	TOTALS							

PROGRESSIVE KENO (Check One)? ☐ Yes ☐ No

ACCOUNTING METHOD USED FOR RECORDING RACE AND SPORTS BOOK REVENUE (Please Check One):

☐ CASH: All cash wager received for the day less all cash paid out for day.

☐ MODIFIED ACCRUAL: All wagers for the events completed for the day less cash paid out.

The HASH TOTAL is a number comprised of the following subtotals added together.

SECTION A ("NO. OF UNITS" TOTAL CONVERTED TO DOLLARS)
("COINS IN" TOTAL)
("DROP" TOTAL)

SECTION B ("NO. OF UNITS" TOTAL CONVERTED TO DOLLARS)
("PIT CREDIT ISSUES" TOTAL)
("PIT CREDIT PAYMENTS" (CHIPS) TOTAL)
("PIT CREDIT PAYMENTS (CASH) TOTAL)
("DROP" TOTAL)
("WIN" TOTAL)

SECTION C ("NO. OF UNITS" TOTAL CONVERTED TO DOLLARS)
("WRITE" TOTAL)

SECTION D ("NO. OF UNITS" TOTAL CONVERTED TO DOLLARS)

SECTION C

CODE	COUNTER GAMES	NO. OF UNITS	WRITE ($)	GROSS REVENUE ($)
025	Keno			
026	Bingo			
035	Race Book			
048	Race Parlay Cards			
052	Race Pari-Mutuel			
034	Sports Parlay Cards			
036	Sports Pool			
004	Football			
008	Basketball			
033	Baseball			
058	Sports Pari-Mutuel			
051	ADJ - Counter Games			
	TOTALS			

SECTION D

CODE	CARD GAMES	NO. OF UNITS	GROSS REVENUE ($)
030	Poker		
031	#N/A		
032	Other Card Games		
060	Interactive Poker		
054	ADJ - Card Games		
	TOTALS		
	TOTAL GROSS REVENUE (Add Sections A, B, C, D)		
	HASH TOTAL		Enter on Line 1- Form NGC-1

I, _____, certify and declare under the penalties of perjury that I am the _____ (Owner,Partner,President,Treasurer,Other) of the business named above; that this is a true, correct and complete report to the best of my knowledge, information, and belief, and that this report is made with the knowledge and consent of all other individuals licensed.

Dated _____ Signed _____

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

Please return to the Nevada Gaming Control Board, Tax and License Division
P.O. Box 8004, Carson City, NV 89702-8004