

NEVADA GAMING COMMISSION
NONRESTRICTED LICENES ONLY

LIVE ENTERTAINMENT TAX REPORT
MAXIMUM OCCUPANCY/SEATING OF AT LEAST 7500

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 nonrestricted locations that offer Live Entertainment in a facility with a maximum occupancy/seating of at least 7500.

Line 1.	Taxable Sales [In facilities with maximum occupancy/seating of at least 7500] Note: Taxable sales for purpose of LET are net of sales taxes	\$ _____
Line 2.	TOTAL DUE BEFORE PENALTY [5% 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]	\$ <u>_____</u>

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