

ANNUAL REPORT OF SLOT MACHINE TAXES

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 must be filed and fees paid PRIOR to placing slot machines into operation (NRS 463.385). If slot machines are to be added AFTER the beginning of the fiscal year, you must file a supplemental NGC-04. State law requires that a penalty will be charged for late payments. The total number of slot machines to be operated must be included on this report, regardless of ownership. This report must be filed and the prorated tax paid prior to the addition of slot machines during the fiscal year. If you have any questions, please contact the Nevada Gaming Control Board, Tax and License Division.

Prorated Tax Schedule			
Machines to be placed into Operation in the Month of	Amount Due for Each Machine	Machines to be Placed into Operation in the Month of	Amount Due for Each Machine
July (7)	\$ 250.00	January (1)	\$ 125.00
August (8)	229.17	February (2)	104.17
September (9)	208.33	March (3)	83.33
October (10)	187.50	April (4)	62.50
November (11)	166.67	May (5)	41.67
December (12)	145.83	June (6)	20.83

Annual Filing (Due June 30)

Line 1. Enter the total number of slot machines to be operated _____

Line 1a. **TOTAL DUE ON ORIGINAL FILING BEFORE PENALTY** \$ _____

Use Prorated Tax Schedule for additions during the fiscal year

A. Enter date of addition: _____

Line 2. Enter the number of slot machines to be added on the above date _____

Line 2a. **TOTAL DUE ON AMENDED FILING BEFORE PENALTY** \$ _____

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 1a or 2a 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