

NEVADA GAMING COMMISSION  
RESTRICTED 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 QUARTERLY, NOT LATER THAN THE 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER.

For Calendar Quarter: \_\_\_\_\_

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 offer Live Entertainment in a facility with a maximum occupancy of at least 200 and an admission charge is collected. **This report should only be completed for the quarter beginning July 1, 2015 and prior.**

Line 1.	Taxable Sales Note: Taxable sales for the purpose of LET are net of sales and use tax	\$ _____
Line 2.	<b>TOTAL DUE BEFORE PENALTY</b> [10% 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.	<b>TOTAL AMOUNT DUE</b> [Total of lines 2 and 3A or 3B]	\$ _____

Effective November 1, 2016, pursuant to Nevada Gaming Commission Regulation 6.030, all Nevada Gaming licensees must report and pay their gaming taxes and fees, and all reports relating thereto, pursuant to an electronic transfer approved by the Nevada Gaming Control Board.

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**