

NEVADA GAMING COMMISSION  
NONRESTRICTED 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 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 locations that license more than 50 slot machines, more than 5 games or any combination thereof and charge an admission to a facility where Live Entertainment is offered regardless of seating occupancy. For all other locations, this report is required if Live Entertainment is provided in a facility with a maximum occupancy of at least 200 and an admission charge is collected.

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Line 1. Taxable Sales \$ \_\_\_\_\_  
 Note: Taxable sales for the purpose of LET are net of sales and use tax

Line 2. **TOTAL DUE BEFORE PENALTY** [9% 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] \$ \_\_\_\_\_

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**