NGC-32 (03-08-99)

NEVADA GAMING COMMISSION

Track Handle And Win Report

Account No., Name, Address, Zip Code

Please correct if in error

For Office Use Only

Batch Number _____

Entry Date _____

(A) EVENTS/ TRACKS	(B) DISSEMINATORS Name	(C) Type	(D) Days	(E) AMOUNT PAID FOR SERVICE	(F) HANDLE	(G) WIN
Subtotals						
Adjustments						
TOTALS						

RECAP	DAYS	HANDLE	WIN
TOTAL WIRE SERVICE			
TOTAL LIVE BROADCASTS			
TOTALS			

Accounting method used:

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

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

Please mail to:
State Gaming Control Board, Audit Division, 555 E. Washington Ave. Ste. 2600, Las Vegas, NV 89101

I certify and declare under the penalty of perjury that this is a 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 named on the license.

Name (typed or printed) _____ Title _____ Person To Contact _____

Signature _____ Date _____ Telephone Number _____

RETURN ORIGINAL AND MAKE A COPY FOR YOUR RECORDS