

# REPORT OF QUARTERLY EXPIRED SLOT MACHINE WAGERING VOUCHERS AND PAYOUT RECEIPTS

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 must be filed and fees paid on or before the 15th day of the month following the calendar quarter. If your location offers Slot Machine Wagering Vouchers and/or Payout Receipts and you have no expired Wagering Vouchers and/or Payout Receipts, please complete the form with zeros. This report is to be completed for Slot Machine Wagering Vouchers and/or Payout Receipts issued after July 1, 2011. If you have any questions, please contact the Nevada Gaming Control Board, Tax and License Division.

Line 1.	All Expired Slot Machine Wagering Vouchers and/or Payout Receipts (net of refunds): Regulation 6.110 (12)		
	A. 1st Month of Quarter	\$	
	B. 2nd Month of Quarter		
	C. 3rd Month of Quarter		
Line 2.	<b>SUBTOTAL</b> [1A+1B+1C]		\$ _____
Line 3.	<b>TOTAL DUE BEFORE PENALTY</b> [75% of line 2]		_____
Line 4.	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 5.	<b>TOTAL AMOUNT DUE</b> [Total of lines 3 and 4A or 4B]		\$ _____

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**