

NEVADA GAMING COMMISSION  
NONRESTRICTED LICENNEES ONLY

**LIVE ENTERTAINMENT TAX REPORT**  
**MAXIMUM OCCUPANCY/SEATING OF AT LEAST 7500**

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 nonrestricted locations that offer Live Entertainment in a facility with a maximum occupancy/seating of at least 7500.

Line 1.	Taxable Sales [In facilities with maximum occupancy/seating of at least 7500] Note: Taxable sales for purpose of LET are net of sales taxes	\$ _____
Line 2.	<b>TOTAL DUE BEFORE PENALTY</b> [5% 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]	\$ <u>_____</u>

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**