



City of Washougal Gambling Tax Form

Finance
1701 C Street
Washougal, WA 98671
(360) 835-8501 • Fax (360) 835-8808
www.cityofwashougal.us

For City Use Only:

Business Name: _____ Telephone #: _____
Business Address: _____ E-mail: _____

Quarterly Period: _____ Through: _____

Bingo*: Gross Receipts: _____ Punchboards Gross Receipts: _____
Less Prize Awards: _____ or Pulltabs: 5% Tax Due: _____
Balance: _____
5% Tax Due: _____

Raffles: Gross Receipts: _____ Fishing Gross Receipts: _____
Less Prize Awards: _____ Derbies: 20% Tax Due: _____
Balance: _____
5% Tax Due: _____

Amusement Games*: Gross Receipts: _____
Less Prize Awards: _____
Balance: _____
2% Maximum Tax Due: _____
The city will calculate the actual tax due pursuant to RCW 9.46.110(3)(b), then mail you a bill.

Bonafide Non-Profit Organizations:

As defined in RCW 9.46.0209 and
Pursuant to RCW 9.46.110(3)(C and E)

Punchboards Gross Receipts: _____
or Pulltabs: Less Prize Awards: _____
Balance: _____
10% Tax Due: _____
"No tax is due from Bonafide Non-Profit Organizations (as defined in RCW 9.46.0209 and pursuant to RCW 9.46.110(3)(C) if its annual combine Bingo and Amusement Games balance equals \$5000.00 or less."

Raffles: Gross Receipts: _____
Less Prize Awards: _____
RCW 9.46.110 (3)(d) **(\$10,000.00)**
Balance: _____
5% Tax Due: _____

Total Tax Due: _____
Please submit payment to the City of Washougal.

Under Penalty of perjury under the law of the State of Washington, the undersigned, hereby declares that the above it stated information is true, accurate and complete.

Print Name of Taxpayer: _____
Title: _____
Place of Signing: _____

Signature: _____
Date: _____