STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
DIVISION OF PARI-MUTUEL WAGERING

www.fgcc.fl.gov

CARDROOM LICENSEE _____ MONTH _____ YEAR _____

SUMMARY OF GROSS RECEIPTS AND TAXES DUE FROM ALL CARDROOM OPERATIONS

	REGULAR PLAY	TOURNAMENT PLAY		
Date	*(1) Gross Receipts*	*(2) Gross Receipts*	*(3) Total Gross Receipts [Column (1)+(2)]*	*Total Tax Due State [Column (3) x 10%]*
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
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	0	0	0	0
	0	0	0	0
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	0	0	0	0
	0	0	0	0
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	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
TOTALS	0	0	0	0

By signing/typing your name you represent the permitholder for which the attached reports are being made, being duly sworn and deposed, say that this report, including any enclosed pages, have been examined by you and are to the best of your knowledge and belief a complete report made in good faith for the taxes due to the State of Florida, pursuant ot Florida Statutes.

NAME (Please Print) _____ TITLE (Please Print) _____ SIGNATURE _____ DATE _____

STATE OF FLORIDA
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www.fgcc.fl.gov

CARDROOM LICENSEE______________ MONTH__________ YEAR__________

SUMMARY OF GROSS RECEIPTS FROM REGULAR CARDROOM PLAY

	Table Number																		Total
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Gross Receipts
																			0
																			0
																			0
																			0
																			0
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TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total Taxes Due This Page for Regular Play: 0

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NAME (Please Print) ______________ TITLE (Please Print) ______________ SIGNATURE ______________ DATE ______________

STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
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www.fgcc.fl.gov

CARDROOM LICENSEE________________ MONTH________ YEAR ________

SUMMARY OF GROSS RECEIPTS FROM REGULAR CARDROOM PLAY

	Table Number																		
Date	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Total Gross Receipts
																			0
																			0
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																			0
																			0
																			0
																			0
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																			0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total Taxes Due This Page for Regular Play: 0

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NAME (Please Print) ________ TITLE (Please Print) ________ SIGNATURE ________ DATE ________

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STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
DIVISION OF PARI-MUTUEL WAGERING
www.fgcc.fl.gov

CARDROOM LICENSEE ____________________ MONTH __________ YEAR __________

SUMMARY OF GROSS RECEIPTS FROM REGULAR CARDROOM PLAY

	Table Number																		Total
Date	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	Gross Receipts
																			0
																			0
																			0
																			0
																			0
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																			0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total Taxes Due This Page for Regular Play | 0

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Add additional pages if necessary.

NAME (Please Print) ____________________ TITLE (Please Print) ____________________ SIGNATURE ____________________ DATE __________

STATE OF FLORIDA
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CARDROOM LICENSEE_____ MONTH_____ YEAR_____

SUMMARY OF GROSS RECEIPTS FROM CARDROOM TOURNAMENT OPERATIONS

	TOURNAMENTS						
Date	*(1) House Entry Fee*	*(2) Tournament Entry Fee*	*(3) Total Fee per Participant [Column (1)+(2)]*	*(4) Number of Participants*	*(5) Total Entry Fees [Column (3)x(4)]*	*(6) Total Prize Payout [Column (2)x(4)]*	*(7) Taxable Gross Receipts [Column (5)-(6)]*
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
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			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
			0		0	0	0
TOTALS	0	0	0	0	0	0	0

Total Taxable Gross Receipts from Tournaments 0

Cross Reference to Page 1

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NAME (Please Print) _____ TITLE (Please Print) _____ SIGNATURE _____ DATE _____

STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
DIVISION OF PARI-MUTUEL WAGERING
2601 Blair Stone Road
Tallahassee, Florida 32399-1035
www.fgcc.fl.gov

CARDROOM LICENSEE_____ MONTH_____ YEAR_____

I swear or affirm that the information provided in this report is true and complete. I understand that knowingly providing false information on this report could subject the signatory to criminal penalties relating to perjury or other offenses.

_____	_____	_____	_____
Name (Please Print)	Title (Please Print)	Signature	Date

State of Florida,
County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20___, _____

_____, who is personally known to me or produced the following as identification: _____

_____.

Number of Pages Certified: _____

_____
Notary Public
My Commission Expires: _____