

Lawful Gambling Monthly Tax Return

Print or Type	Organization Name	Federal ID Number (FEIN)	Minnesota Tax ID Number	License Number
	Address <input type="checkbox"/> Check if Address Changed	Email Address		Month/Year Reported
	City	State	Zip Code	Number of Sites
	Number of paper pull-tab, tipboard and paddleticket games reported on Schedule B2s for the month: _____	Check all that apply:	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Filing under Extension (see instructions)
			<input type="checkbox"/> No Gambling Activity this Month	<input type="checkbox"/> Final Return (see instructions)

This return includes (check all that apply): Schedule B2 Schedule NRL Schedule ER

Gross Profit		A Gross Receipts	B Prizes Paid	C Net Receipts
	1 Non-linked bingo	1 _____	_____	_____
	2 Raffles (if tax-exempt raffles were conducted, complete Schedule ER)	2 _____	_____	_____
	3 Paddletickets	3 _____	_____	_____
	4 Add lines 1 through 3	4 _____	_____	_____
	5 Interest and other income (including advertising or sponsorship income; see instructions)	5 _____	_____	_____
	6 Linked bingo	6 _____	_____	_____
	7 Tipboards	7 _____	_____	_____
	8 Paper pull-tabs	8 _____	_____	_____
	9 Electronic pull-tabs	9 _____	_____	_____
	10 Add lines 4 through 9. Line 10c is your gross profits for the month	10 _____	_____	_____
Tax and Fees	11 Net receipts tax (multiply line 4C by 8.5% [0.085]; if negative, enter zero)	11 _____	_____	_____
	12 Combined net receipts tax (from Worksheet E, line 11; if negative, enter the amount on line 18).	12 _____	_____	_____
	13 Total tax before credits (add lines 11 and 12)	13 _____	_____	_____
	14 Net receipts tax credit used (from Schedule NRL, column E)	14 _____	_____	_____
	15 Exempt raffle tax credit (from Schedule ER, line 4)	15 _____	_____	_____
	16 Total nonrefundable credits (add lines 14 and 15)	16 _____	_____	_____
	17 Total tax before refundable credit (subtract line 16 from line 13; if negative, enter zero)	17 _____	_____	_____
	18 Combined net receipts tax credit (from Worksheet E, line 11; if negative)	18 _____	_____	_____
	19 Monthly regulatory fee (multiply line 10a by 0.125% [.00125])	19 _____	_____	_____
	20 TOTAL TAX DUE OR REFUND (add lines 17, 18 and 19)	20 _____	_____	_____

