

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 barcoded 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): <input type="checkbox"/> Schedule B2 <input type="checkbox"/> Schedule NRL <input type="checkbox"/> 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 _____	_____	_____
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% [0.00125])	19 _____	_____	_____
20 TOTAL TAX DUE OR REFUND (add lines 17, 18 and 19)	20 _____	_____	_____

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% [0.00125])	19 _____
	20 TOTAL TAX DUE OR REFUND (add lines 17, 18 and 19)	20 _____

Lawful Gambling Monthly Tax Return *(continued)*

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Expenditures / Expenses	21 Lawful purpose expenditures	21 _____
	22 Total lawful purpose expenditures <i>(add lines 20 and 21)</i>	22 _____
	23 Allowable expenses	23 _____
Start Bank	24 a Starting cash banks per books	24a _____
	b Unreimbursed starting cash banks	24b _____
	End-of-month cash balance in starting banks <i>(subtract line 24b from 24a)</i>	24 _____

Sign Here	<i>I declare that all information on this summary and tax return is true, correct and complete.</i>			
	Chief Executive Officer (print)	Chief Executive Officer Signature	Date	Daytime Phone
	Gambling Manager (print)	Gambling Manager Signature	Date	Daytime Phone
	Preparer (print) Name of Firm	Preparer Signature	Date	Daytime Phone

Mail Form G1, schedules and any required attachments to:
Minnesota Revenue, Mail Station 3350, St. Paul, MN 55146-3350