



G1, Lawful Gambling Monthly Tax Return

	Organization Name	Federal	ID Number (FEIN)	Minnesota Tax ID Number	License Number		
a	Address Changed		ldress	Month/Year Reported			
Print or Type	City		State ZIP Code		Number of Sites		
	Number of barcoded games reported on Schedule B2s for the month:		that apply:		ler Extension (see instructions) urn (see instructions)		
	This return includes (check all that apply):	Schedule B2	Schedule NRL	Schedule ER			
			A Gross Receip	B ts Prizes Paid	C Net Receipts		
	1 Non-linked bingo	1			_		
	2 Raffles (if tax-exempt raffles were conducted, complete Schedule ER) 2						
	3 Paddletickets						
÷	4 Add lines 1 through 3	4					
Gross Profit	5 Interest and other income (including advertising or sponsorship income; see instructions)						
ษั	6 Linked bingo						
	7 Tipboards						
	8 Paper pull-tabs	8					
	9 Electronic pull-tabs 9						
	10 Sports-themed tipboards						
	11 Add lines 4 through 10. Line 11c is you gross profits for the month						
	12 Net receipts tax (multiply line 4C by 8.	5% [0.085]; if negativ	e, enter zero)		12		
	13 Combined net receipts tax (from Worksheet E, line 11; if negative, enter the amount on line 19)						
Tax and Fees	14 Total tax before credits (add lines 12 and 13)						
	15 Net receipts tax credit used (from Sch	15					
	16 Exempt raffle tax credit (from Schedul	16					
lax an	17 Total nonrefundable credits (add lines	17					
	18 Total tax before refundable credit (su	18					
	19 Combined net receipts tax credit (from		19				
	20 Monthly regulatory fee (multiply line 11a by 0.125% [.00125])						
	21 TOTAL TAX DUE OR REFUND (add line	s 18, 19 and 20)			21		



Lawful Gambling Monthly Tax Return (continued)

Organization Name		Federal ID Number (FEIN)	Minnesota Tax ID Number	License Number		
res / es	22 Lawful purpose exper	nditures			. 22	
Expenditures / Expenses	23 Total lawful purpose	expenditures (add lines 21 a	nd 22)		. 23	
EXP	24 Allowable expenses .				. 24	
Start Bank	25 a Starting cash banks per books					
O	I declare that all information Chief Executive Officer (print)	on on this summary and tax	return is true, correct and co Chief Executive Officer Sig	<u> </u>	Daytime Phone	
Sign Here	Gambling Manager (print)		Gambling Manager Signat	ure Date	Daytime Phone	
iS	Preparer (print)	Name of Firm	Preparer Signature	Date	Daytime Phone	

Mail Form G1, schedules and any required attachments to: Minnesota Department of Revenue, Mail Station 3350, 600 N. Robert St., St. Paul, MN 55146-3350