



G1, 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 <i>(see instructions)</i>		<input type="checkbox"/> No Gambling Activity this Month <input type="checkbox"/> Final Return <i>(see instructions)</i>
	This return includes <i>(check all that apply)</i> : <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 <i>(if tax-exempt raffles were conducted, complete Schedule ER)</i>	2 _____	_____	_____
	3 Paddletickets	3 _____	_____	_____
	4 Add lines 1 through 3	4 _____	_____	_____
	5 Interest and other income <i>(including advertising or sponsorship income; see instructions)</i>	5 _____	_____	_____
	6 Linked bingo	6 _____	_____	_____
	7 Tipboards	7 _____	_____	_____
	8 Paper pull-tabs	8 _____	_____	_____
	9 Electronic pull-tabs	9 _____	_____	_____
	10 Sports-themed tipboards	10 _____	_____	_____
	11 Add lines 4 through 10. Line 11c is your gross profits for the month	11 _____	_____	_____
Tax and Fees	12 Net receipts tax <i>(multiply line 4C by 8.5% [0.085]; if negative, enter zero)</i>	12 _____	_____	_____
	13 Combined net receipts tax <i>(from Worksheet E, line 11; if negative, enter the amount on line 19)</i>	13 _____	_____	_____
	14 Total tax before credits <i>(add lines 12 and 13)</i>	14 _____	_____	_____
	15 Net receipts tax credit used <i>(from Schedule NRL, column E)</i>	15 _____	_____	_____
	16 Exempt raffle tax credit <i>(from Schedule ER, line 4)</i>	16 _____	_____	_____
	17 Total nonrefundable credits <i>(add lines 15 and 16)</i>	17 _____	_____	_____
	18 Total tax before refundable credit <i>(subtract line 17 from line 14; if negative, enter zero)</i>	18 _____	_____	_____
	19 Combined net receipts tax credit <i>(from Worksheet E, line 11; if negative)</i>	19 _____	_____	_____
	20 Monthly regulatory fee <i>(multiply line 11a by 0.125% [0.00125])</i>	20 _____	_____	_____
	21 TOTAL TAX DUE OR REFUND <i>(add lines 18, 19 and 20)</i>	21 _____	_____	_____

