CITY OF BURIEN
400 SW 152nd St., Suite 300
Burien, WA 98166
Phone: 206-241-4647 Fax: 206-248-5539

**Business Name and Address:**

---

**For the Quarter Ending:** Mar. 31__ Jun. 30 __ Sept. 30 __ Dec. 31 __ Year: ________

<table>
<thead>
<tr>
<th>Activity</th>
<th>Gross Receipts</th>
<th>Less Cost of Prizes (when applicable)</th>
<th>Taxable Revenue</th>
<th>Tax Rate</th>
<th>Tax Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bingo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Raffles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Amusement Games</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td>Punchboards &amp; Pull Tabs-Profit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Punchboards &amp; Pull Tabs – Non-Profit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Cardrooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8%</td>
</tr>
</tbody>
</table>

**TAX TOTAL**

**PENALTY**

**TOTAL PAID**

**Late Payment Penalty:**
1-17 days – 10%  18-40 days – 15%
41+ days – In violation of Ordinance

**Penalty Fees:** As set forth in City of Burien’s Ordinance No. 047

Make checks payable to: CITY OF BURIEN

I declare under penalty of perjury that the information reported on this form is true and correct to the best of my knowledge.

_______________________________  ____________________  ______________________________
Signature (Officer of Organization)  Date  Print Name