STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
www.myfloridalicense.com

Licensee______________________________ Month_________________ Year_______________

Date	*Day*	*Total # of Operational Slot Machines [1]*	*(1) Total Credits Played Dollar Value*	*(2) Total Credits-Out Dollar Value*	*(3) Total Hand Pay Dollar Value*	*(4) Non-Redeemable Credits Dollar Value*	*(5) Winnings Withheld*	*(6) 30 Days Unclaimed Tickets & Vouchers*	*(7) Slot Machine Revenue Column (1)-(2)-(3) -(4)+(5)+(6)*	*(8) Total Revenue Due State Column (7) x Tax Rate %*
		TOTALS								

____
Signature and Date

____
Name and Title (Please Print)

By signing/typing your name you represent the permitholder for which the attached reports are being made, being duly sworn and deposed, say that this report, including any enclosed pages, have been examined by you and are to the best of your knowledge and belief a complete report made in good faith for the taxes due to the State of Florida, pursuant to Florida Statutes.

[1] Slot machines must be inoperable for full gaming day in order to not be counted.