**STATE OF FLORIDA**
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**
**DIVISION OF PARI-MUTUEL WAGERING**
**1940 North Monroe Street**
**Tallahassee, Florida 32399-1035**

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 %* |
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| | | **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.