STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
2601 Blair Stone Road
Tallahassee, Florida 32399-1035
www.myfloridalicense.com

CARDROOM LICENSEE_____ MONTH_____ YEAR_____

SUMMARY OF GROSS RECEIPTS AND TAXES DUE FROM ALL CARDROOM OPERATIONS

	REGULAR PLAY	TOURNAMENT PLAY		
Date	*(1) Gross Receipts*	*(2) Gross Receipts*	*(3) Total Gross Receipts [Column (1)+(2)]*	*Total Tax Due State [Column (3) x 10%]*
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
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	0	0	0	0
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	0	0	0	0
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	0	0	0	0
	0	0	0	0
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	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
TOTALS	0	0	0	0

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SUMMARY OF GROSS RECEIPTS FROM REGULAR CARDROOM PLAY

Date	Table Number																		Total Gross Receipts
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
																			0
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TOTAL	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total Taxes Due This Page for Regular Play 0

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SUMMARY OF GROSS RECEIPTS FROM REGULAR CARDROOM PLAY

Date	Table Number																		Total Gross Receipts
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
																			0
																			0
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TOTAL	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total Taxes Due This Page for Regular Play 0

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SUMMARY OF GROSS RECEIPTS FROM REGULAR CARDROOM PLAY

Date	Table Number																		Total Gross Receipts
	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	
																			0
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TOTAL	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total Taxes Due This Page for Regular Play 0

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CARDROOM LICENSEE________________________ MONTH____________ YEAR ____________

SUMMARY OF GROSS RECEIPTS FROM CARDROOM TOURNAMENT OPERATIONS

	TOURNAMENTS						
Date	**(1) House Entry Fee**	**(2) Tournament Entry Fee**	**(3) Total Fee per Participant [Column (1)+(2)]**	**(4) Number of Participants**	**(5) Total Entry Fees [Column (3)x(4)]**	**(6) Total Prize Payout [Column (2)x(4)]**	**(7) Taxable Gross Receipts [Column (5)-(6)]**
			0		0	0	0
			0			0	0
			0			0	0
			0			0	0
			0			0	0
			0			0	0
			0			0	0
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			0			0	0
			0			0	0
			0			0	0
			0			0	0
			0			0	0
TOTALS	0	0	0	0		0	0

Total Taxable Gross Receipts from Tournaments 0
Cross Reference to Page 1

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CARDROOM LICENSEE_____ MONTH_____ YEAR _____

I swear or affirm that the information provided in this report is true and complete. I understand that knowingly providing false information on this report could subject the signatory to criminal penalties relating to perjury or other offenses.

_____	_____	_____	_____
Name (Please Print)	Title (Please Print)	Signature	Date

State of Florida,
County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20___, _____

_____, who is personally known to me or produced the following as identification: _____

_____.

_____
Notary Public
My Commission Expires: _____