TYPE II QUARTERLY INCOME SUMMARY FOR GAMING ENDORSEMENT

State Form (R2/11-11)
Approved by State Board of Accounts

Name of applicant as on alcoholic beverage permit	Type II Permit #	A/B Permit #

ALCOHOL AND TOBACCO COMMISSION

INSTRUCTIONS:

1. Type or print legibly.

2. Quarterly income summaries must be completed no later than January 15, April 15, July 15, and October 15.

3. This quarterly income summary should reflect all games that have been closed or removed from play.

4. This quarterly income summary must be available upon request by the Alcohol and Tobacco Commission, law enforcement or the Department of Revenue, within three (3) days.

1st quarter ☐ 2nd quarter ☐ 3rd quarter ☐ 4th quarter ☐

Month 1	1A. Gross income: Pull Tabs	1B. Gross income: P-boards/Raffles	1C. Gross income: Tip Boards	Total 1A,1B, 1C 1	
	1D. Pull Tab Payouts	1E. Punchboard/Raffle Payouts	1F. Tip Board Payouts	1G. Cost of Type II Supplies	Total 1D, 1E, 1F, 1G 5
Month 2	2A. Gross income: Pull Tabs	2B. Gross income: P-boards/Raffles	2C. Gross income: Tip Boards	Total 2A,2B, 2C 2	
	2D. Pull Tab Payouts	2E. Punchboard/Raffle Payouts	2F. Tip Board Payouts	2G. Cost of Type II Supplies	Total 2D, 2E, 2F, 2G 6
Month 3	3A. Gross income: Pull Tabs	3B. Gross income: P-boards/Raffles	3C. Gross income: Tip Boards	Total 3A,3B,3C 3	
	3D. Pull Tab Payouts	3E. Punchboard/Raffle Payouts	3F. Tip Board Payouts	3G. Cost of Type II Supplies	Total 3D, 3E, 3F, 3G 7
			Add boxes 1 through 3	4	
				Add boxes 5 through 7	8
				Subtract Box 8 from Box 4	9 Net Quarter Income

I certify under penalty of perjury, that I have examined this report and to the best of my knowledge and belief it is complete and correct.

Signature of Applicant	Printed Name	Date