

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

Licensee _____ Year _____

<i>Report</i>	<i>(1)</i> <i>Total Credits Played</i>	<i>(2)</i> <i>Total Credits-Out</i>	<i>(3)</i> <i>Total Handpay</i>	<i>(4)</i> <i>30 Day Unclaimed</i>	<i>(5)</i> <i>Winnings</i>	<i>(6)</i> <i>Slot Machine Revenue</i>	<i>(7)</i> <i>Total Revenue Due State</i>
<i>Month</i>	<i>Dollar Value</i>	<i>Dollar Value</i>	<i>Dollar Value</i>	<i>Tickets & Vouchers</i>	<i>Withheld</i>	<i>Column (1)-(2)-(3)+(4)+(5)</i>	<i>Column (6) X Tax Rate</i>
July							
August							
September							
October							
November							
December							
January							
February							
March							
April							
May							
June							
Year to Date Total							

Signature and Date of Certification _____ Name and Title (Please Print) _____