BPR-0009-453 Rule 61K1-3.021 June 2023

FLORIDA ATHLETIC COMMISSION 2601 Blair Stone Road Tallahassee, Florida 32399-1016 Phone (850) 488-8500 Fax (850) 922-2249

Email: FAC@myfloridalicense.com

POST-EVENT TAX REPORT FOR LIVE EVENT

This form, along with the 5% tax payment and the ticket manifest or ticket stubs must be filed with the Florida Athletic Commission by the promoter no later than 72 hours after the conclusion of the event. Payments may be made by cash, check (payable to the Florida Athletic Commission), money order or cashier's check, unless you have been otherwise notified by the Commission. NAME OF PROMOTER (as licensed) DATE OF EVENT NAME OF EVENT NAME OF FACILITY WHERE EVENT WAS HELD NAME OF TICKET VENDOR ADDRESS OF FACILITY TELEPHONE NUMBER OF FACILITY A. I. BROADCAST, TELEVISION OR MOTION PICTURE RIGHTS Gross amount paid for sale or lease of broadcasting, television or motion picture rights, less any state or federal taxes: Calculation of tax payment: X .05 (tax) The lesser of this amount or \$40,000 is the tax payment due for Item I: II. TICKETS SOLD Face value of ticket X Number of tickets sold = Face value of ticket _____ X Number of tickets sold _____ = ___ Face value of ticket _____ X Number of tickets sold _____ = ___ Face value of ticket X Number of tickets sold = Face value of ticket _____ X Number of tickets sold _____ = ____ Face value of ticket _____ X Number of tickets sold ____ = ___

Gross amount received for tickets sold, less any state or federal taxes:	C.	
Calculation of tax payment:	X .05 (tax)	
This is the tax payment due for Item IV:	>	\$
III. COMPLIMENTARY TICKETS ISSUED		
Face value of ticket X Number tickets issued	=	
Face value of ticket X Number tickets issued	=	
Face value of ticket X Number tickets issued =		
Face value of ticket X Number tickets issued =		
Face value of ticket X Number tickets issued =		
Face value of ticket X Number tickets issued =		
Gross face value of complimentary tickets issued - (cannot be zero):	D.	
Calculation of tax payment:	X .05 (tax)	
This is the tax payment due for Item V:	>	
		\$
TOTAL AMOUNT OF TAX DUE FOR ITEMS I, II, and III	>	\$
I certify that the information contained on this form, to the best of my knowledge and belief, is an accurate reflection of the tax payment due the Florida Athletic Commission. I understand that if the Commission determines that this report is not an accurate reflection of the monies due the Commission, I may be fined, my promoter or concessionaire license may be suspended or revoked, I may be prosecuted for a second degree misdemeanor, or all of the above.		
Signature of Licensee Print Name	Social Security Number	Date

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