

DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

FORM **3260** MONTHLY RETURN

NAME OF LICENSEE <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>		MONTH / YEAR ENDING <div style="background-color: #cccccc; width: 20px; height: 20px; display: inline-block;"></div> / <div style="background-color: #cccccc; width: 20px; height: 20px; display: inline-block;"></div>	FOR OFFICIAL USE ONLY
EIN/SSN <div style="background-color: #cccccc; width: 100%; height: 20px;"></div>	GRT ACCOUNT NUMBER <div style="background-color: #cccccc; width: 100%; height: 20px;"></div>	<input type="checkbox"/> ORIGINAL RETURN <input type="checkbox"/> AMENDED RETURN	
ADDRESS <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		TELEPHONE NO. <div style="background-color: #cccccc; width: 100%; height: 20px;"></div>	

PART I. LIMITED GAMING TAX FUND

LIMITED GAMING ACTIVITY	(A) GROSS RECEIPT QUANTITY		(B) TAX RATE		(C) TOTAL TAX
1. BINGO / LOTTERY	_____ . _____	X	4%	=	_____ . _____
2. COCKFIGHTING	_____ . _____	X	4%	=	_____ . _____
3. CARNIVAL / LIBERATION DAY	_____ . _____	X	4%	=	_____ . _____
4. ELECTRONIC GAMING DEVICES	_____ . _____	X	4%	=	_____ . _____
5. OTHER GAMING ACTIVITIES	_____ . _____	X	4%	=	_____ . _____
6. TOTAL TAXES DUE (Add lines 1 through 5 in Column C)					_____ . _____
7. PENALTY					_____ . _____
8. INTEREST					_____ . _____
9. CREDIT OR ADJUSTMENT (Attach Statement)					_____ . _____
10. BALANCE DUE (Add lines 6 through 9 in Column C)					_____ . _____

PART II. GMHA TRUST FUND FEE

ELECTRONIC GAMING DEVICES	(A) GROSS RECEIPT QUANTITY		(B) FEE ASSESSMENT RATE		(C) TOTAL FEE
11. LIBERTY, SYMBOLIX, MATCH PLAY	_____ . _____	X	4%	=	_____ . _____
12. CREDIT OR ADJUSTMENT (Attach Statement)					_____ . _____
13. BALANCE DUE (Add lines 11 and 12 in Column C)					_____ . _____

PART III. SUMMARY

14. TOTAL DUE (add lines 10 and 13).

Under the penalties of perjury, I declare that I have examined this return, including accompanying schedule and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

SIGNATURE (TAXPAYER OR AUTHORIZED AGENT)	PRINT NAME	DATE
<div style="background-color: #cccccc; height: 30px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 30px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 30px; width: 100%;"></div>