

Indiana Department of Revenue Monthly Tax Report

This report is due on the same day the monthly remittance is transmitted, which is the 24th of each month.

	•				
Name of Riverboat or Racino Licensee Taxp			Taxpayer ID Number (FEIN)		
Lo	ocation Address				
Filing Period Begin Date			Filing Period End Date		
RE	CAP: Enter column totals from page	2 on lines 1, 2 and 3.			
1.	Sports wagering tax transmitted (total	rm)1	\$		
2.	Supplemental wagering tax transmitted (total of Column 2 on page 2 of this form)			\$	
3.	Wagering tax transmitted (total of Column 3 on page 2 of this form)			\$	
4.	Wagering tax adjustment (specific to I wagering taxes as directed by the Ind		\$		
5.	Total amount transmitted. Enter total li transmitted for this month)		\$		
Ву	submitting this report I declare that, to t	the best of my knowledge and be	lief, the information բ	provided is complete and accurate.	
Pri	nt Name	Signature	Da	ate	

Note: This return can be completed and filed electronically via DOR's e-services portal, INTIME, at intime.dor.in.gov.

Mailing/Contact Information: Indiana Department of Revenue Special Tax Section P.O. Box 2485 Indianapolis, IN 46206-2485 317-615-2710 excisetax@dor.in.gov Itemized Daily Recap Complete rows for each reporting day of the reporting month. Carry column totals to the RECAP area on page 1.

Gaming Day Begin Date	Column 1	Column 2	Column 3	Column 4
(Month/Day)	Sports Wagering Tax	Supplemental Wagering Tax	Total Wagering Tax	Total (Add Columns 1 + 2 + 3)
1	\$	\$	\$	\$
1	\$	\$	\$	\$
1	\$	\$	\$	\$
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1	\$	\$	\$	\$
1	\$	\$	\$	\$
Total Amounts in Each Column		\$	\$	\$