Reset Form

Annual PPT (Pull Tab/Punchboard/Tip Board) - Event Summary Report

State Form 54735 (6-11)

INDIANA GAMING COMMISSION

Prepared by:_____
First and Last Name

(1) Organization Name			(2) Event Date *(mm/dd/yy)*	
(3) Address of Event	(4) City		(5) State	(6) ZIP Code
(7) License Number	(8) Operator in Charge			

Part 1 PULL TAB SALES

You must retain all seal / flare cards.

(9) Name of Game	**(10)** Start Date *(mm/dd/yy)*	**(11)** End Date *(mm/dd/yy)*	**(12)** Serial Number	**(13)** Number of Tickets	**(14)** Gross Income	**(15)** Payout	**(16)** Net Income
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
				Totals	**14(a)** $ 0.00	**15(a)** $ 0.00	**16(a)** $ 0.00

The value of any prize associated with a PULL TAB GAME must be determined by the fair market retail value, not the cost of the prize. Total payout for any pull tab *game* is $5,000 and the total prize for any winning *ticket* may not exceed $599.

Prepared By: _____ **Event Date:** _____
First and Last Name *(mm/dd/yy)*

PPT - Summary Report

Part 2 TIP BOARD SALES **You must retain all seal / flare cards.**

(17) Name of Game	(18) Serial Number	(19) Number of Tips Sold	(20) Amount Per Tip	(21) Gross Income	(22) Cash Payout	(23) Net Income	(24) Prize-Item Description / *Value **Cost If prizes are donated, indicate donated.
			$	$	$	$	
			$	$	$	$	
			$	$	$	$	
			$	$	$	$	
			$	$	$	$	
			Totals	**21(a)** **$** 0.00	**22(a)** **$** 0.00	**23(a)** **$** 0.00	

Part 3 PUNCH BOARDS SALES **You must retain all seal / flare cards.**

(25) Name of Game	(26) Serial Number	(27) Number of Punches Sold	(28) Amount Per Punch	(29) Gross Income	(30) Cash Payout	(31) Net Income	(32) Prize-Item Description / *Value **Cost If prizes are donated, indicate donated.
			$	$	$	$	
			$	$	$	$	
			$	$	$	$	
			$	$	$	$	
			Totals	**29(a)** **$** 0.00	**30(a)** **$** 0.00	**31(a)** **$** 0.00	

Part 4 WINNER-TAKE-ALL / QUALIFIED DRAWINGS **68 IAC 21-3-2(w) requires a ledger to be maintained for these types of drawings.**

(33) Type of Drawing	(34) Number of Drawings	(35) Number of Tickets sold	(36) Amount Per Ticket	(37) Amount Collected	(38) Cash Payouts
Daily			$	$	$
Weekly			$	$	$
Monthly			$	$	$
				Totals	**38(a)** **$** 0.00

Winner take all drawing or Qualified Drawing; The qualified organization retains NO portion of the amount wagered.

Winner take all and qualified drawing prize awarded not to exceed $300.

***The value of prizes must be determined by the fair market retail value. **The cost of prizes must be supported with a receipt.**

Prepared By: _____ **Event Date:** _____
First and Last Name *(mm/dd/yy)*

PPT - Summary Report

Part 5 GROSS INCOME TOTALS		
Pull Tab Income *(Enter amount from line 14(a))*	**39**	$
Tip Board Income *(Enter amount from line 21(a))*	**40**	$
Punch Board Income *(Enter amount from line 29(a))*	**41**	$
Gross Total *(Add lines 39-41)*	**42**	$ 0.00
Part 6 PAYOUT TOTALS		
Pull Tab Payout *(Enter amount from line 15(a))*	**43**	$
Tip Board Payout *(Enter amount from line 22(a))*	**44**	$
Punchboard Payout *(Enter amount from line 30(a))*	**45**	$
Total Payouts *(Add lines 43-45)*	**46**	$ 0.00
Part 7 NET INCOME *TOTAL AMOUNT TO BE DEPOSITED IN SEPARATE SEGREGATED CHARITY GAMING ACCOUNT.*		
Total Net Income *(Line 42 minus line 46)*	**47**	$ 0.00

Part 8 OTHER PRIZES AWARDED *CLAIM THESE EXPENSES ON YOUR FINANCIAL REPORTS ONLY – DO NOT DEDUCT THE EXPENSE ON THIS FORM.*	
Total cost of items awarded as pull tab prize *(Support with Receipts)*	$
Total cost of items awarded as tip board prize *(Support with Receipts)*	$
Total cost of items awarded as punch board prize *(Support with Receipts)*	$

List any donated prizes awarded: *(NOTE: DONATED ITEMS **ARE NOT** DEDUCTIBLE EXPENSES ON FINANCIAL REPORTS.)*

Notes/Comments pertaining to this event:

Prepared By: _____
First and Last Name

Event Date: _____
(mm/dd/yy)

PPT - Operator and Worker List

Name *First and Last Name*	**DLN / ID**	**Assigned Duties for this Event** *(check all that apply)*	**Operator or Worker** *(check one)*	**Bartender** *(check one)*	**Member and/or Employee** *(check all that apply)*
		☐ Selling ☐ Loading Machine ☐ Redemption ☐ Other *(Please describe)*	☐ Operator ☐ Worker	☐ Yes ☐ No	☐ Member ☐ Employee
		☐ Selling ☐ Loading Machine ☐ Redemption ☐ Other *(Please describe)*	☐ Operator ☐ Worker	☐ Yes ☐ No	☐ Member ☐ Employee
		☐ Selling ☐ Loading Machine ☐ Redemption ☐ Other *(Please describe)*	☐ Operator ☐ Worker	☐ Yes ☐ No	☐ Member ☐ Employee
		☐ Selling ☐ Loading Machine ☐ Redemption ☐ Other *(Please describe)*	☐ Operator ☐ Worker	☐ Yes ☐ No	☐ Member ☐ Employee
		☐ Selling ☐ Loading Machine ☐ Redemption ☐ Other *(Please describe)*	☐ Operator ☐ Worker	☐ Yes ☐ No	☐ Member ☐ Employee
		☐ Selling ☐ Loading Machine ☐ Redemption ☐ Other *(Please describe)*	☐ Operator ☐ Worker	☐ Yes ☐ No	☐ Member ☐ Employee
		☐ Selling ☐ Loading Machine ☐ Redemption ☐ Other *(Please describe)*	☐ Operator ☐ Worker	☐ Yes ☐ No	☐ Member ☐ Employee
		☐ Selling ☐ Loading Machine ☐ Redemption ☐ Other *(Please describe)*	☐ Operator ☐ Worker	☐ Yes ☐ No	☐ Member ☐ Employee
		☐ Selling ☐ Loading Machine ☐ Redemption ☐ Other *(Please describe)*	☐ Operator ☐ Worker	☐ Yes ☐ No	☐ Member ☐ Employee
		☐ Selling ☐ Loading Machine ☐ Redemption ☐ Other *(Please describe)*	☐ Operator ☐ Worker	☐ Yes ☐ No	☐ Member ☐ Employee
		☐ Selling ☐ Loading Machine ☐ Redemption ☐ Other *(Please describe)*	☐ Operator ☐ Worker	☐ Yes ☐ No	☐ Member ☐ Employee
		☐ Selling ☐ Loading Machine ☐ Redemption ☐ Other *(Please describe)*	☐ Operator ☐ Worker	☐ Yes ☐ No	☐ Member ☐ Employee
		☐ Selling ☐ Loading Machine ☐ Redemption ☐ Other *(Please describe)*	☐ Operator ☐ Worker	☐ Yes ☐ No	☐ Member ☐ Employee

Reminder: **All Operators** must be listed on the license.