

DEPARTMENT OF REVENUE AND TAXATION

GOVERNMENT OF GUAM

FORM **3260** MONTHLY RETURN

NAME OF LICENSEE _____ EIN/SSN _____ ADDRESS _____	MONTH / YEAR ENDING _____ / _____ <input type="checkbox"/> ORIGINAL RETURN <input type="checkbox"/> AMENDED RETURN TELEPHONE NO. _____	FOR OFFICIAL USE ONLY
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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
_____	_____	_____