

SLOT MACHINE ANNUAL REPORT

REPORT YEAR: _____

(This report is based on a Fiscal Year - July 1st to June 30th)

1. Name of Organization: _____

You must use the exact name of your organization as it appears on your slot machine licensing application. Where appropriate, include your post number, lodge number, etc.

2. County in which organization is located: _____

3. Address and phone number of principal meeting hall where machines are located:

Street Address City, State and Zip Code

Street Address (Continued) Phone Number Fax Number

4. Principal Officer (person responsible for filing this report):

Name Title

Address (if different from above) City, State and Zip Code

Phone Number Fax Number E-Mail Address

5. Change in Principal Officer (person responsible for filing this report):

If the Principal Officer of the Organization has changed during the licensing year, state the name, title, address and telephone number of all Principal Officers during the licensing year and the dates such person(s) was/were the Principal Officer.

Period Covered: _____ TO _____
MM/DD/YY TO MM/DD/YY

Name Title

Address (if different from above) City, State and Zip Code

Phone Number Fax Number E-Mail Address

Period Covered: _____ TO _____
MM/DD/YY TO MM/DD/YY

Name Title

Address (if different from above) City, State and Zip Code

Phone Number Fax Number E-Mail Address

6. Report Period: July 1, _____ TO June 30, _____

7. Number of slot machines licensed during this report year: _____

Include both the machines on hand at year end and those which were replaced during the licensing year.

8. Slot Machine Proceeds and Payout Report:

In this section you must provide the requested information for each slot machine in use at any time during the report year. If a machine was replaced, complete the DATE IN-SERVICE section below, show the date the machine was replaced and the starting date when the new machine being installed. Make additional copies, if necessary.

NOTE: In the "Conversion to \$ Amount" field show your calculations converting meter readings to dollar amounts (i.e., do you multiple or divide the total to convert to a dollar amount). If you do, show the conversion calculation in this field. If you do not have to do a conversion enter "none" and put your dollar amount in the total field.

Machine #	License #	Make
Serial #	Dates In-Service: _____ TO _____	
	FROM (MM/DD/YY) TO (MM/DD/YY)	

READINGS

MACHINE

BEGINNING COINS IN	ENDING COINS IN	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	\$	TOTAL COINS IN
BEGINNING COINS OUT	ENDING COINS OUT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	\$	TOTAL COINS OUT
TOTAL MACHINE NET			\$		(COINS IN-COINS OUT)

JACKPOT

BEGINNING JACKPOT	ENDING JACKPOT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ Amount)	\$	TOTAL JACKPOT
TOTAL NET PROCEEDS			\$		(MACHINE PAYOUTS-JACKPOT PAYOUTS)

Machine #	License #	Make
Serial #	Dates In-Service: _____ TO _____	
	FROM (MM/DD/YY) TO (MM/DD/YY)	

READINGS

MACHINE

BEGINNING COINS IN	ENDING COINS IN	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	\$	TOTAL COINS IN
BEGINNING COINS OUT	ENDING COINS OUT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	\$	TOTAL COINS OUT
TOTAL MACHINE NET			\$		(COINS IN-COINS OUT)

JACKPOT

BEGINNING JACKPOT	ENDING JACKPOT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ Amount)	\$	TOTAL JACKPOT
TOTAL NET PROCEEDS			\$		(MACHINE PAYOUTS-JACKPOT PAYOUTS)

SLOT MACHINE PROCEEDS AND PAYOUTS (CONTINUED)

Make additional copies, if necessary.

Machine #	License #	Make		
Serial #	Dates In-Service:		TO	
		FROM (MM/DD/YY) TO (MM/DD/YY)		
READINGS				
<u>MACHINE</u>				
BEGINNING COINS IN	ENDING COINS IN	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	\$ TOTAL COINS IN
BEGINNING COINS OUT	ENDING COINS OUT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	\$ TOTAL COINS OUT
TOTAL MACHINE NET			\$	(COINS IN-COINS OUT)
<u>JACKPOT</u>				
BEGINNING JACKPOT	ENDING JACKPOT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ Amount)	TOTAL JACKPOT
TOTAL NET PROCEEDS			\$	(MACHINE PAYOUTS-JACKPOT PAYOUTS)

Machine #	License #	Make		
Serial #	Dates In-Service:		TO	
		FROM (MM/DD/YY) TO (MM/DD/YY)		
READINGS				
<u>MACHINE</u>				
BEGINNING COINS IN	ENDING COINS IN	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	\$ TOTAL COINS IN
BEGINNING COINS OUT	ENDING COINS OUT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	\$ TOTAL COINS OUT
TOTAL MACHINE NET			\$	(COINS IN-COINS OUT)
<u>JACKPOT</u>				
BEGINNING JACKPOT	ENDING JACKPOT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ Amount)	TOTAL JACKPOT
TOTAL NET PROCEEDS			\$	(MACHINE PAYOUTS-JACKPOT PAYOUTS)

SLOT MACHINE PROCEEDS AND PAYOUTS (CONTINUED)

Make additional copies, if necessary.

Machine #	License #	Make		
Serial #	Dates In-Service:		TO	
		FROM (MM/DD/YY) TO (MM/DD/YY)		
READINGS				
<u>MACHINE</u>				
BEGINNING COINS IN	ENDING COINS IN	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	\$ TOTAL COINS IN
BEGINNING COINS OUT	ENDING COINS OUT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	\$ TOTAL COINS OUT
TOTAL MACHINE NET			\$	(COINS IN-COINS OUT)
<u>JACKPOT</u>				
BEGINNING JACKPOT	ENDING JACKPOT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ Amount)	TOTAL JACKPOT
TOTAL NET PROCEEDS			\$	(MACHINE PAYOUTS-JACKPOT PAYOUTS)

Machine #	License #	Make		
Serial #	Dates In-Service:		TO	
		FROM (MM/DD/YY) TO (MM/DD/YY)		
READINGS				
<u>MACHINE</u>				
BEGINNING COINS IN	ENDING COINS IN	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	\$ TOTAL COINS IN
BEGINNING COINS OUT	ENDING COINS OUT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ AMT)	\$ TOTAL COINS OUT
TOTAL MACHINE NET			\$	(COINS IN-COINS OUT)
<u>JACKPOT</u>				
BEGINNING JACKPOT	ENDING JACKPOT	TOTAL ENDING-BEGINNING	Conversion to \$ AMT (Show calculations or NONE if in \$ Amount)	TOTAL JACKPOT
TOTAL NET PROCEEDS			\$	(MACHINE PAYOUTS-JACKPOT PAYOUTS)

10. Use and Disposition of Proceeds:

Pursuant to Criminal Law Title 12-304(c), Maryland State Law provides that 50% of the net proceeds from your slot machines must be used for the benefit of a charity. In this section you are to list the charitable organization(s) to which 50% of the net proceeds were contributed. List all contributions (list only those funds that were derived from the slot machine net proceeds)(you may not use any of these funds to offset operating costs.)

Make additional copies, if necessary. If you can provide all of the information below in a similar format, you may attach it to this report in lieu of completing this section. All information requested below must clearly be shown on your attachment.

Organization _____ FEIN _____

Address _____ City, State and Zip Code _____

Contact Person _____ Phone Number _____ E-Mail Address _____

Date _____ Check # _____ \$ _____
Amount

Purpose of Donation: _____

Organization _____ FEIN _____

Address _____ City, State and Zip Code _____

Contact Person _____ Phone Number _____ E-Mail Address _____

Date _____ Check # _____ \$ _____
Amount

Purpose of Donation: _____

Organization _____ FEIN _____

Address _____ City, State and Zip Code _____

Contact Person _____ Phone Number _____ E-Mail Address _____

Date _____ Check # _____ \$ _____
Amount

Purpose of Donation: _____

Page _____ of _____

TOTAL FROM THIS PAGE \$ _____

USE AND DISPOSITION OF PROCEEDS (CONTINUED)

_____ Organization		_____ FEIN	
_____ Address		_____ City, State and Zip Code	
_____ Contact Person	_____ Phone Number	_____ E-Mail Address	
_____ Date	_____ Check #	\$	_____ Amount
Purpose of Donation: _____			

_____ Organization		_____ FEIN	
_____ Address		_____ City, State and Zip Code	
_____ Contact Person	_____ Phone Number	_____ E-Mail Address	
_____ Date	_____ Check #	\$	_____ Amount
Purpose of Donation: _____			

_____ Organization		_____ FEIN	
_____ Address		_____ City, State and Zip Code	
_____ Contact Person	_____ Phone Number	_____ E-Mail Address	
_____ Date	_____ Check #	\$	_____ Amount
Purpose of Donation: _____			

Page _____ of _____ TOTAL FROM THIS PAGE \$ _____

TOTAL FROM ALL PAGES \$ _____

CERTIFICATION AND SIGNATURE

I, _____, Principal Officer of _____
_____, do hereby declare and affirm on this _____ day of
_____, 20_____, under the penalties of perjury that the contents of this
Slot Machine Annual Report are true and correct and, based on my personal knowledge, are taken
completely and accurately from the records of _____.

Signature of Principal Officer

Date

Print Name of Principal Officer

11. FILING REQUIREMENTS

The original of this report is to be filed with the Comptroller of Maryland, Field Enforcement Division, P.O. Box 2397, Annapolis, MD 21404-2397, no later than August 1st of the filing year. Please retain a copy of this report for your records. If you have any questions concerning this report, please call 410-260-7388 for assistance.