



Arkansas State Athletic Commission

Arkansas Department of Health/Combative Sports
 4815 W. Markham St. Slot 36 Little Rock, AR 72205
 PHONE(501)687-1038 FAX(501)255-0394
 Email Address: ASAC@Arkansas.gov
 Internet Address: www.ASAC.Arkansas.gov

Gross Receipts Tax Report

- Report is for use by Promoters to report Gross Receipt Taxes Due. Taxes & Report due within **FIVE (5) BUSINESS DAYS** after each Event.
- Read and comply with Commission Regulations when submitting this Report.
- Tax computed as 5% of GROSS GATE RECEIPTS unless venue collects & remits sales taxes on all gate receipts for Promoter, in which case tax is computed as 5% of NET GATE RECEIPTS after sales taxes. Promoter is responsible for complying with all Department of Finance and Administration regulations and Arkansas statutes regarding remittance of sales taxes, which are separate from the Commission's Gross Receipts Tax authorized and required by Ark. Code Ann. § 17-22-306.
- Commission may require submission of "Dead Wood" and/or Ticket Manifests and other reports to validate and audit this Report.

Did Venue Collect & Remit Sales Taxes on Gate Receipts? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, an Venue Representative Must Sign Certification Statement On This Report.	Were Tickets Sold Using a Computerized System: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, I have attached a true & correct system report with all ticket sales & prices.
General Admission: Number Available: _____ Price Per Ticket: \$ _____ Number Sold: _____ Gen. Adm. Receipts \$ _____	Reserved Seating (Price Tier 1): Number Available: _____ Price Per Ticket: \$ _____ Number Sold: _____ Price Tier 1 Receipts \$ _____
Reserved Seating (Price Tier 2): Number Available: _____ Price Per Ticket: \$ _____ Number Sold: _____ Price Tier 2 Receipts \$ _____	Reserved Seating (Price Tier 3): Number Available: _____ Price Per Ticket: \$ _____ Number Sold: _____ Price Tier 3 Receipts \$ _____
Complimentary/Promotional /Give-Away Seating (Price Tier 4): (See Commission Regulation 1.15.3.8) Number Available: _____ Price Per Ticket: \$ _____ Number Distributed: _____ Price Tier 4 Tax \$ _____	Inspector Fee: _____ MMA Database Upload Fee: _____
<div style="text-align: center;">RESERVED FOR COMMISSION USE</div> \$ _____ Received on _____ Day of _____ 20____ Method of Payment: Cashier's Check Cash Money Order Company Check Credit Card Funds Deposited _____ Day of _____ 20____ Commission Representative: _____	Gate Receipts Total: _____ TOTAL Remittance: _____
<div style="text-align: center;">RESERVED FOR COMMISSION USE</div>	Total Gross Receipts Tax Due: Total Receipts: General Admission: \$ _____ Price Tier 1 \$ _____ Price Tier 2 \$ _____ Price Tier 3 \$ _____ Price Tier 4 \$ _____ Total Receipts \$ _____ Total Receipts Multiplied By 5% Equals \$ _____ DUE

By signature below and under penalty of perjury, I swear or affirm: 1.) I am the Promoter or Authorized Representative for Promoter; 2.) Promoter complied with all applicable Commission Regulations for this Event; and 3.) The foregoing information is true and accurate.

Promoter's Name: _____ Telephone #: _____ Fax #: _____

Event Date: _____ Event Permit # _____ Event Venue/Address: _____

Signed: _____ Date: _____

Authorized Promoter's Representative Printed Name Title

*** IF SALES TAXES WERE COLLECTED BY VENUE OPERATOR, THEN VENUE OPERATOR MUST SIGN ***

I hereby certify under penalty of perjury that I am an authorized representative of the Venue for the above described Event and all applicable sales taxes in the amount of \$ _____ were withheld on all ticket sales as reported herein & the same were remitted to the State of Arkansas on the _____ day of _____ 20____ based on ticket sales of \$ _____ and Net Ticket Sales After Sales Tax are \$ _____.

Authorized Venue Representative _____ Printed Name _____ Title _____ Date _____