

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE STATE ATHLETIC COMMISSION 2601 NORTH 3RD STREET HARRISBURG PA 17110

Telephone: (717) 787-5720

Fax: (717) 783-0824

Professional Wrestling Promoter Admission Gross Receipts Tax

This Report must be filed with the Commission within (10) days after the event.					
PROMOTER'S	NAME:	LICENSE NUMBER:			
LOCATION:			DATE:		
**MAKE CHECK PAYABLE TO COMMONWEALTH OF PENNSYLVANIA **					
TICKET ACCOUNT					
NUMBER PRINTED	NUMBER UNUSED	NUMBER FREE	NUMBER SOLD	PRICE \$	\$ AMOUNT = SOLD X PRICE
TOTAL GROSS=				X 5% =	
NAME OF DOCTOR THAT WAS AT RINGSIDE:					
				(Please PRINT)	
SIGNATURE OF DOCTOR THAT WAS AT RINGSIDE:					
LICENSE NUMBER OF DOCTOR THAT WAS AT RINGSIDE					
* If a Commission representative was at your show, an Enforcement Fee of \$100 must be included with this form.					
knowledge and	belief and are		penalties prescribed for p		o the best of their information, n 18 Pa. Consolidated Statutes,
PROMOTER'S SIGNATURE:					

*** A STATEMENT SHOWING THE NUMBER OF TICKETS PRINTED AND (1) actual TICKET OF EACH PRICE MUST BE ATTACHED TO THIS FORM. IF TAX IS NOT PAID WITHIN (10) DAYS AFTER THE EVENT, A \$100 LATE FEE SHALL BE IMPOSED.