



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

**Gregory P. Sirb
Executive Director**

**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.

** The signatories below hereby state that the statements made herein are true and correct to the best of their information, knowledge and belief and are made subject to the penalties prescribed for perjury set forth in 18 Pa. Consolidated Statutes, section 4904, relating to unsworn falsification to authorities.

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.