



# Pari-Mutuel Tax Return of Uncashed Pari-mutuel Tickets

Under Sections 232, 328, 426, and 529 of the Racing Pari-Mutuel Wagering and Breeding Law

Association name	Federal employer identification number (EIN)
Number and street	
City, State, ZIP code	Racing season

**Part 1 (to be completed and filed by March 15th)**

1 Total amount of uncashed tickets as of December 31 .....	1.		
2 Uncashed ticket balance as of last day of February .....	2.		
3 Balance of uncashed tickets to be remitted (multiply line 2 by .95) .....	3.		

**Part 2 (to be completed and filed by April 10th)**

4 Uncashed ticket balance as of March 31st .....	4.		
5 Other unclaimed funds .....	5.		
Identify: _____			
6 Total liability (add lines 4 and 5) .....	6.		
7 Amount previously remitted (from line 3 above) .....	7.		
8 Balance of amount of uncashed tickets to be remitted (subtract line 7 from line 6) .....	8.		

Signature of authorized person	Title	Date
Signature of individual or name of firm preparing this return	Preparer's address	

State of New York

County of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, deposes and says that he is the \_\_\_\_\_ of the \_\_\_\_\_, a corporation or association duly authorized to conduct pari-mutuel betting under Chapter 865 of the laws of 1982, and that the foregoing report, made pursuant to sections 232, 328, 426 and 529 of said chapter, contains a true and accurate statement of the total of all sums of unpaid money due on account of pari-mutuel tickets not presented for the year for which this return is made.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Make your check or money order payable to: *Commissioner of Taxation and Finance*. Mail this original return to: **New York State Department of Taxation and Finance, PO Box 5048, Albany NY 12205-0048**

Also send a copy of this return with a copy of the uncashed ticket report verifying the indicated balance to: **New York State Tax Office, Pari-Mutuel Revenue, PO Box 90, Jamaica NY 11417**