## Iowa Department of Inspections, Appeals, and Licensing Athletic Commission

6200 Park Ave, Ste 100 Des Moines, IA 50321

Phone: 515-725-5614 | athletics@dia.iowa.gov

## Athletic Events Receipt Report Form

This report along with 2 checks payable to the Iowa Department of Revenue and Iowa Athletic Commission must be sent to the Iowa Athletic Commission within 20 days after the event date.

Promoter business name			Contact name			Phone number		
Email address			Event date Event location			location		
Address of event			City				State	Zip
Promoter license number	Sales tax permit number							
Address of sales tax permit holder			City				State	Zip
1. Number of tickets:		Sold at: \$			Total:	\$		
Number of tickets:		Sold at: \$			Total:	\$		
Number of tickets:		Sold at: \$			Total:	\$		
Number of tickets:		Sold at: \$			Total:	\$		
Number of tickets:		Sold at: \$			Total:	\$		
2. Total # 3. Allowed (5%of tickets sold) complimentary tickets:				4. Total gate receipts: \$				
5. # of complimentary 6. Total value of tickets issued: Complimentary tickets			of complimentary tickets: ets issued = 5% of the tickets sold. The value of I be included in the gross admission receipts.			\$ f complimentary tickets in excess of 5% of		
7. lowa sales tax and any						axRate.h	tml for rate	
Multiply by			\$					
Make check paya		Department				va Athle	etic Comn	nission
8. Subtract line #7 from line #4: \$			9. 5% Athletic/Admissions Tax  Multiply the total from box 8 by .05:  \$					
Add line #6 (if applic	cable): \$		- -		-		*	
	Total \$		Make check pa lowa Athletic (			III to:		
l,Licensee name			have examined this report and state that the facts and					
computations herein a		<b>)</b> .						
Tabulated and prepare	ed by:							
		Printed name	5	Signature			D	ate