



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

**Telephone: (717) 787-5720
Fax: (717) 783-0824**

PROMOTER'S TICKET ACCOUNT

The following is a statement of the tickets printed and the Gross Receipts for the

_____ Club located at _____

for the show held on _____, 20____, and the State Tax computed at the rate of 5% on the amount of Gross Receipts was \$ _____ (Gross X 5%).

**** MAKE CHECK PAYABLE TO COMMONWEALTH OF PENNSYLVANIA ****

TICKET ACCOUNT

NUMBER PRINTED	NUMBER UNUSED	NUMBER FREE	NUMBER SOLD	TOTAL FREE + SOLD	PRICE - \$	AMOUNT FREE + SOLD Times Price

TOTAL GROSS: \$ _____

PROMOTER'S SIGNATURE: _____

** COMPLIMENTARY TICKETS MUST BE INCLUDED WITH SOLD TICKETS TO DETERMINE TOTAL DOLLAR AMOUNT. A STATEMENT SHOWING THE NUMBER OF TICKETS PRINTED FOR THE EVENT MUST BE ATTACHED TO THIS FORM.

** IF THE 5% TAX IS NOT PAID WITHIN (48) HOURS AFTER THE EVENT THE PROMOTER MAYBE SUBJECT TO A \$100 LATE FEE, AND/OR OTHER PENALTIES AS APPROVED BY THE COMMISSION.