

Form SIM-1

Simulcast Betting Facility Tax Return



13122688880101

Name			Federal employer identification number		
Address			For the period ending: MM/DD/YYYY		
Address 2					
City, town or post office		State	ZIP code	E-mail address	

Schedule A - Program Dates

Enter the dates and simulcast tax paid for each day of the week that a program was held.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

Schedule B - Calculation of Amount Due:

1 Total amount wagered on win, place and show wagers.....	1		
2 State tax due on win, place and show wagers. Multiply line 1 by 4.0% (0.0400).....	2		
3 Total amount wagered on multiple wagers involving two (2) animals.....	3		
4 State tax due on multiple wagering. Multiply line 3 by 4.0% (0.0400).....	4		
5 Total amount wagered on exotic wagers involving three (3) or more animals.....	5		
6 State tax due on exotic wagering. Multiply line 5 by 5.5% (0.0550).....	6		
7 Total tax due on simulcast. Add lines 2, 4 and 6.....	7		

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP code
			PTIN

May the Division of Taxation contact your preparer? YES

Revised 04/2021