



Racing and Charitable Gaming

A Division of the New Hampshire Lottery Commission

Regulation & Enforcement of Racetracks, Bingo, Lucky 7 and Games of Chance

Official Use Only

ID#: _____

License #: _____

Reviewer: _____

STATE REVENUE INVOICE FOR GAMES OF CHANCE

Complete a separate form for each game date

1. GAME DATE INFORMATION

Game Date:	Organization's ID #:
Name of Charitable Organization:	
Game Operator Employer:	
Primary Game Operator:	

2. STATE REVENUE PAYMENT DUE

State Revenue payments are calculated as follows:

- For games where chips have no monetary value, the amount due to the state is equal to 3% of all funds collected from players; and
- For games where chips have monetary value, the amount due to the state is equal to 10% of the rake or house winnings and other moneys collected by the game operator that are not paid out as prizes to players.

3. PAYMENT CALCULATIONS AND INSTRUCTIONS

	Total Collected from Players	% Due to the State	State Revenue Amount Due
Games where chips have no monetary value		x 3%	
Games where chips have monetary value with rake		x 10%	
Games where chips have monetary value without rake		X 10%	
Total Revenue Payment Due:			

- Make check payable to *NH Lottery, Racing and Charitable Gaming Division*.
- Include the charitable organization's name, ID number and game date(s) on the check.
- Checks must be received no later than the 5th day of the month following the game date.
- Send the check, this completed form, and the signed Charitable Organization Member's Affidavit form to:

*New Hampshire Lottery Commission, Racing and Charitable Gaming Division
14 Integra Drive, Concord, NH 03301*

4. ATTESTATION

I certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this form and all accompanying forms and documentation is true, accurate and complete, and that there are no willful misrepresentations in or falsifications of the information provided herein.

Signature of Primary Game Operator

Printed name

Date



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CHARITABLE ORGANIZATION MEMBER'S AFFIDAVIT

Complete a separate form for each game date

Official Use Only
ID#: _____
License #: _____
Reviewer: _____

GAME DATE INFORMATION

Game Date:	Organization's ID #:
Name of Charitable Organization:	
Game Operator Employer:	
Primary Game Operator:	

CERTIFICATION

I hereby certify and attest, under penalty of unsworn falsification pursuant to RSA 641:3, that:

1. I am a member of the sponsoring charitable organization named above;
2. I am not employed by the game operator or the employer of the game operator who is operating the games of chance on behalf of the charitable organization; and
3. I was present and on site at least once during the operation of the games of chance conducted on the date noted above.

_____ Signature of Member	_____ Printed Name of the Member	_____ Date
_____ Signature of the Primary Game Operator	_____ Printed Name of the Primary Game Operator	_____ Date

3. INSTRUCTIONS

Include this completed affidavit with the State Revenue Invoice for the same game date. Submit to:

New Hampshire Lottery Commission
Racing and Charitable Gaming Division
14 Integra Drive, Concord, NH 03301

All paperwork and accompanying payments must be received no later than the 5th day of the month following the game date. Questions? Call the Division at 603-271-3391, ask for GOC Licensing