

<b>BPR-0009-453</b> Rule 61K1-3.021 November 2015	<b>FLORIDA STATE BOXING COMMISSION</b> 1940 North Monroe Street Tallahassee, Florida 32399-1016 (850) 488-8500 FAX (850) 922-2249 Email: <a href="mailto:Florida.Boxing@dbpr.state.fl.us">Florida.Boxing@dbpr.state.fl.us</a>	<b>POST-EVENT TAX REPORT FOR LIVE EVENT</b>
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**This form, along with the 5% tax payment and independently prepared ticket manifest or ticket stubs must be filed with the Florida State Boxing Commission by the promoter of a match or program of matches (event) no later than 72 hours after the conclusion of the event. Payments may be made by cash, check (payable to the Florida State Boxing Commission), money order or cashier's check, unless you have been otherwise notified by the Commission.**

<b>NAME OF PROMOTER (as licensed)</b>	<b>DATE OF EVENT</b>
<b>NAME OF EVENT</b>	<b>NAME OF FACILITY WHERE EVENT WAS HELD</b>
<b>NAME OF TICKET VENDOR</b>	<b>ADDRESS OF FACILITY</b>
	<b>TELEPHONE NUMBER OF FACILITY</b>

<b>I. BROADCAST, TELEVISION OR MOTION PICTURE RIGHTS</b>  Gross amount paid for sale or lease of broadcasting, television or motion picture rights, less any state or federal taxes:	A. _____	
Calculation of tax payment:	X .05 (tax)	
The lesser of this amount or \$40,000 is the tax payment due for Item I: _____>	_____>	

<b>II. TICKETS SOLD</b>	
Face value of ticket _____ X Number of tickets sold _____ = _____	
Face value of ticket _____ X Number of tickets sold _____ = _____	
Face value of ticket _____ X Number of tickets sold _____ = _____	
Face value of ticket _____ X Number of tickets sold _____ = _____	
Face value of ticket _____ X Number of tickets sold _____ = _____	

Face value of ticket _____ X Number of tickets sold _____ = _____		
Gross amount received for tickets sold, less any state or federal taxes:	C.	
Calculation of tax payment:	X .05 (tax)	
This is the tax payment due for Item IV:	----->	
		\$

**III. COMPLIMENTARY TICKETS ISSUED**

Face value of ticket _____ X Number tickets issued _____ = _____		
Face value of ticket _____ X Number tickets issued _____ = _____		
Face value of ticket _____ X Number tickets issued _____ = _____		
Face value of ticket _____ X Number tickets issued _____ = _____		
Face value of ticket _____ X Number tickets issued _____ = _____		
Face value of ticket _____ X Number tickets issued _____ = _____		

Gross face value of complimentary tickets issued - (cannot be zero):	D.	
Calculation of tax payment:	X .05 (tax)	
This is the tax payment due for Item V:	----->	
		\$

<b>TOTAL AMOUNT OF TAX DUE FOR ITEMS I, II, and III</b>	----->	\$
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I certify that the information contained on this form, to the best of my knowledge and belief, is an accurate reflection of the tax payment due the Florida State Boxing Commission.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date