



Return of Racing Admissions Tax

Under Sections 227, 306, 406, and 1009 of the Racing, Pari-Mutuel Wagering and Breeding Law

Read the instructions, form AU-207-I, before completing this form.

Organization name		Employer identification number (EIN)	
Number and street			
City, state, and ZIP code	Race meeting	Race meeting begin date	Race meeting end date

Cash admissions, admission tickets, or badges (list each type)	Number sold or issued		Dollar value of each unit	Amount of admissions paid and dollar value of unpaid admissions	
	Paid	Complimentary			
Total from additional sheets (if any)					
1 Total amount of admissions paid and dollar value of unpaid admissions				1	

Paid passes, boxes, reserved seats, and other accommodations sold (list each type)	Number sold or issued		Dollar value of each unit	Amount of paid passes, boxes, reserved seats, and other accommodations and dollar value of unpaid passes, boxes, reserved seats, and other accommodations	
	Paid	Complimentary			
Total from additional sheets (if any)					
2 Total amount of passes, boxes, reserved seats, and other accommodations and dollar value of unpaid passes, boxes, reserved seats, and other accommodations				2	

3 Total taxable amount (add lines 1 and 2)	3	
4 State tax rate 4% (.04)	4	.04
5 New York State racing admissions tax (multiply line 3 by line 4)	5	
6 Penalty (see instructions)	6	
7 Interest (see instructions)	7	
8 Amount due (add lines 5 through 7)	8	

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instr.) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number ()	Personal identification number (PIN) <input style="width:80%;" type="text"/>
	Designee's e-mail address <input style="width:90%;" type="text"/>		

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully submitting false or fraudulent information on this return may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity and the accuracy of any information entered on this document.

Authorized person	Printed name of authorized person	Signature of authorized person	Official title	
	Email address of authorized person	Telephone number ()	Date	
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this return	Address	City	State ZIP code
	Email address of individual preparing this return	Telephone number ()	Preparer's NYTPRIN	NYTPRIN excl. code Date