

Form WR-1

AKRON ARCADE WINNER'S REPORT

Date _____ Page ____ of ____

Name of ENTERTAINMENT ARCADE _____ COR# _____

[COR# is the Certificate of Registration number assigned by the Income Tax Division.] Reports must include all winners and be filed by the 2nd Tuesday of each month.

City of Akron - Income Tax Division - I Cascade Plaza - 11th Floor - Akron, OH 44308 - (330) 375-2039 www.ci.akron.oh.us/1040

	SS #	Name (Print or type name)	Address (Print or type address)	\$ Value of Winnings	Machine #	Driver's License	State ID
1						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
2						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
3						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
4						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
5						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
6						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
7						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
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11						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
12						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
13						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
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17						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
18						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
19						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
20						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
21						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
22						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent
23						<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent	<input type="checkbox"/> Attached <input type="checkbox"/> Previously Sent

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete.

SIGN HERE _____