



Month: _____ Year: _____

[illegible]

Monthly Average Win per Machine Payback % (Month) / (Qtr) _____

Signature and Date _____ Name and Title (Please Print) _____

Notes: By signing/typing your name you represent the licensee for which the attached reports are being made, being duly sworn and deposited, say that this report, including any enclosed pages, have been examined by you and are to the best of your knowledge and belief a complete report made in good faith for the payments due to the State of Maine, pursuant to Maine Statutes and MGCB Rules Chapter 4 and 7. Revised 5/13/22