DEPOSIT ADJUSTMENT FORM

(NOTE: This form is for tax deposit adjustments within the same gaming week only if the adjustment is for a credit. Adjustments not made within the same gaming week require submission of a Claim for Refund or Credit Form to the Director for approval.) This form is being submitted by _ , a Class A and/or Class B licensee (the "Licensee"), in compliance with 11 CSR 45-11.020, to the Missouri Gaming Commission as a request for an adjustment to gaming tax or admission fee deposit liability. The undersigned, an authorized agent for the Licensee, states the following: 1. The amounts listed below relate to a daily deposit tax or fee adjustment: Gaming date: _____ Amount deposited: \$ Amount due for deposit: \$_ Amount of over (under) payment to be adjusted within the tax period: \$_____ Proposed gaming date for adjustment: Type of tax or fee: _____ Reason for adjustment: 2. This deposit adjustment is being filed in duplicate and amended returns for all periods are attached hereto. (signature) (position) (name typed) (Licensee) STATE OF MISSOURI) ss. COUNTY OF ____ Subscribed and sworn to before me this _____, ____, ____. (SEAL) Notary Public