Form **11-C**
(Rev. October 1985)
Department of the Treasury
Internal Revenue Service

Special Tax Return and Application for Registry—Wagering

Return for period from _____, 19 _____ to June 30, 19 _____
(Month, day, and year)

OMB No. 1545-0236
Expires 3-31-87

Use IRS label. Otherwise please print or type.

Name

Number and street

City, county, state, and ZIP code

Social security number

Employer identification number (See instruction 1)

Check one: ☐ First return and application ☐ Renewal return and application
☐ Supplemental return and application

Business address

Alias, style, or trade name, if any

For IRS Use Only

Stamp number ▶
Date issued ▶

T $		1
FF		2
FP		3
I		4
T $		5

Compute tax as explained in instruction 4, and enter amount due here . . . ▶ $

Make check or money order payable to the Internal Revenue Service for the amount of tax due and remit with return.

1 If this is a supplemental application, please explain and give your special tax stamp number and employer identification number. (See instruction 2(b).) ▶

If additional space is required for items 2, 3(a), 3(c), or 4, attach additional sheets identifying each entry as to item number.

2 If taxpayer is a firm, partnership, or corporation, give true name of members or officers.

True name	Title	Home address	Social security number