



MISSISSIPPI GAMING COMMISSION
BWR COVER SHEET
 (CONTINUATION)



CHECK ONE: INITIAL MONTHLY AMENDED

LOCATION NUMBER:	LICENSEE NAME:	DATE SUBMITTED: Click here to enter a date.
REPORTING PERIOD:		

REF.#	LAST NAME, FIRST NAME		TOTAL OF SPORTS WAGERS	TOTAL OF NONPARI-MUTUEL RACE WAGERS	TOTAL OF SPORTS PAYOUTS	TOTAL OF NONPARI-MUTUEL RACE PAYOUTS
PRIOR SHEET	TOTALS ONLY	⇒				
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SUBMITTED TOTALS						

REPORT SUBMITTED BY/TITLE _____ TELEPHONE NUMBER _____ DATE _____