



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 →				
80					
81					
82					
83					
84					
85					
86					
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116					
117					
118					
SUBMITTED TOTALS					

REPORT SUBMITTED BY/TITLE _____ TELEPHONE NUMBER _____ DATE _____