# GC-19NP Non-Profit Additional Payouts Reporting Form

**Licensee:** _____ **License #:** _____ **Date:** _____

**Fill out this form monthly and email to: GCB-racetrackaudit@state.nm.us**
**In the event you are unable to email, fax to: Attention Audit @ (505) 841-9720**

**Attach copy of qualifying jackpot receipt and documentation proving the payment of the additional payout. The detailed jackpot receipts/documentation listed below on additional payout and qualifying intital jackpots won will be reviewed by the assigned auditor.**

| Additional Payout Information | | | | | | | Winning (Initial Qualifying) Jackpot<br>Provide original jackpot win information that made the patron eligible for the additional payout. | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Time | Amount | Machine # | Voucher # | Name of Additional Payout Promotion | Winner's name | Date | Time | Machine # | Voucher # | Amount |
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