



Department of Taxation and Finance

Pari-Mutuel Tax Return of Uncashed Pari-Mutuel Tickets

Under Sections 241, 328, 426, and 529 of the Racing,
Pari-Mutuel Wagering and Breeding Law

AU-215

(3/18)

Read the instructions, Form AU-215-I, before completing this form.

Organization name	Employer identification number (EIN)
Number and street	
City, State, ZIP code	Racing season year

Part 1 (to be completed and filed by March 15)

1 Total amount of uncashed tickets as of December 31.....	1.		
2 Total amount of uncashed tickets as of last day of February.....	2.		
3 Amount of uncashed tickets to be remitted (multiply line 2 by .95).....	3.		

Part 2 (to be completed and filed by April 10)

4 Amount of uncashed ticket as of March 31	4.		
5 Other unclaimed funds	5.		
Identify: _____			
6 Total liability (add lines 4 and 5)	6.		
7 Amount previously remitted (from line 3 above)	7.		
8 Balance of amount of uncashed tickets and other unclaimed funds to be remitted (subtract line 7 from line 6)	8.		
9 Penalty (see instructions).....	9.		
10 Interest (see instructions)	10.		
11 Amount due (add lines 8 through 10)	11.		

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instr.) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number ()	Personal identification number (PIN) <input type="text"/>
	Designee's e-mail address		

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully submitting false or fraudulent information on this return may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity and the accuracy of any information entered on this document.

Authorized person	Printed name of authorized person	Signature of authorized person	Official title	
	Email address of authorized person		Telephone number ()	Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this return	Address	City	State ZIP code
	Email address of individual preparing this return	Telephone number ()	Preparer's NYTPRIN	NYTPRIN excl. code Date

See instructions for *Payment and mailing address*.