For office use only	For	office	use	onl
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## Department of Taxation and Finance

## **Authorized Combative Sports Tax Return**

M	T-	1	60
			(4/20)

			7							(4/20)
				Mark an <b>X</b> in all of	the appropriate b	ooxes that apply:				
				Ticket		sting rights	Final		Amended	
				sales	and digital	al streaming	return		return	
_										
Rea	ad Form M	T-16	80-I, Instructions fo	or Form MT-160, be	efore completing	this return.				
Eve	ent reference	numb	er	Daving a		41:				
				」	parring, or wres	stling event				
Dat	e of event (m	m-dd	<i>-yy)</i>	Other cor	mbativa anarta (	event (including m	ived martial arts [		1\	
					<u> </u>	, ,	-		1)	
Em	ployer identif	icatio	n number (EIN) or socia	al security number (SSN	I) of promoter	Promoter's State Athletic	Commission license nui	mber		
Na						1 ti t t /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
INai	me of promot	er				Location of event (name	)			
Mai	iling address	of pro	omoter (number and str	reet or PO Box)		Street address of event				
1110	iiing addi ooo	or pro	motor (nambor and our	001 01 1 0 2019		ou out address of overit				
City	/			State	ZIP code	City			State ZIP code	
Tele	ephone numb	er				Promoter's email addres	S			
	Α		В	С	D	E	F		G	
	Cost of ticket purchaser	to	Number of tickets printed	Number of tickets not sold	Number of complimentary	Total number of tickets not	Total number of tickets subject to		Receipts from tickets s (column A × column I	
(u	se separate	ine	tionets printed	Hot sold	tickets issued	subject to tax	state tax		(column A ~ column i	,
for	each ticket p	rice)			(see instructions)	(column C + column D)	(column B - column	E)		
Tot	tal ragaint	fro	m tiplests sold from	additional about	if any					
								_		
	•		•	•	,	3) and enter result. I		1		
Za								2a		
2h		,				1 by 8.5% (.085) ar		2b		
3	-		•			statement)		3		
4		-		- ·		and attach statement)		4		
5		-		-		ructions and attach stat		5		
6		-	-		-			6		
7						g, sparring, or wrest				
		-	-	-			-	7		
8						(add lines 6 and 7)		8		
9					9					
10	Total tax	(add	lines 2a or 2b and 9	)				10		
11	Interest of	n la	te payment <i>(see in</i> :	structions)				11	<u></u>	
12	Additiona	ıl pe	nalties for late filin	g and late paymer	nt (see instructions)			12		
13								13		
14	-		• •	• .				14		
15						this is the <b>amount y</b>		_		
40						Or this is the amount		15		
16			•			); this is the amount		16		
	to you	(300	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					10		

## Page 2 of 2 MT-160 (4/20)

Third – pa designe (see instruction	Designee's email address			(	Designee (	e's phon ) PIN	e number		
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.									
Authorized	Printed name of authorized person	Signature of authorized person Official title							
person	Email address of authorized person		Telephone number Date						
Paid	Firm's name (or yours if self-employed)	Fir	Firm's EIN Pre			parer's PTIN or SSN			
preparer use	Signature of individual preparing this return	Address	С	ity	Sta	ite	ZIP code		
only (see instr.)	Email address of individual preparing this return	Pre ■	parer's NYTPRIN	or Exc	cl. code	Date			

See instructions for where to file.