



Operator/Retailer LVL Distribution Settlement Report¹

Settlement Report for distribution of LVL revenue for period beginning _____ 20__ to _____ 20__.

Operator Name: _____

LO# _____

Retailer Name: _____

LR# _____

Distribution paid by:

Check

Check Number: _____

Electronic Funds Transfer

EFT Confirmation Number: _____

Contractual Split of Remaining Gross Profits (GP):

➤ Operator: _____% of Remaining GP

➤ Retailer: _____% of Remaining GP

Revenue Distribution:

➤ GTI: \$ _____

➤ Amount of any carry forward loss: \$ _____

➤ Total Bill (State's Share): \$ _____

➤ Remaining GP for Operator/Retailer split: \$ _____

▪ Operator: \$ _____

▪ Retailer: \$ _____

The parties agree that the information provided on this Settlement Report is true and accurate, to the best of each party's knowledge, and reflects the distribution paid to the Retailer by the Operator in accordance to an arms-length written agreement in compliance with State law.

Operator Signature Date

Retailer Signature Date

¹ Settlement Reports may be retained in hard copy or scanned and kept electronically as PDFs for record keeping purposes.