## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES N	IOTICE FILING					
AGENCY NAME Mississippi Department of Revenue		CONTACT PERSON Sam Portera, CPA	TELEPHONE NUMBER 601-923-7317			
ADDRESS PO Box 1033		CITY Jackson		STATE MS	ZIP 39215	
	SUBMIT DATE 10/9/20	Name or number of rule(s): Title 35, Part V - Gaming				
Short explanation of rule/amendment/repeal and reason(s	s) for proposing rule/am	endment/repeal: Due to the extensive amend	dments, we are st	iking through the	entire Part and replacing	
t with a new version. Part V was amended to update the "	Mississippi State Tax Co	mmission" to the "Mississippi Department of I	Revenue" and "Ch	airman" to "Comn	nissioner" throughout.	
Any language that was duplicated in the Mississippi Gamin	g Commission regulatio	ns was deleted. This includes the "definitions"	section. Title 35.\	/.3.06 - Rights of Li	censee to Request a	
Hearing was deleted as the contents are addressed in Title	35.I.01 - Administrative	Practices and Procedures of the Department	of Revenue. Othe	r minor changes w	ere made.	
Specific legal authority authorizing the promulgation of rul	e: Pursuant to Miss. Co	de Ann. Sections 75-76-81, the Chairman of th	e State Tax Comm	nission shall assess	and collect all taxes,	
ees, licenses, interest, penalties, damages and fines impo	sed by this chapter, and	is hereby empowered to promulgate rules and	d regulations to ac	lminister such coll	ections."	
ist all rules repealed, amended, or suspended by the prop						
ORAL PROCEEDING:	*			77.00		
An oral proceeding is scheduled for the	nis rule on Date	: Time: Place:				
igtieq Presently, an oral proceeding is not so	cheduled on this	rule.				
If an oral proceeding is not scheduled, an oral proce ten (10) or more persons. The written request show notice of proposed rule adoption and should includ agent or attorney, the name, address, email addres comment period, written submissions including arg ECONOMIC IMPACT STATEMENT:	ald be submitted to t e the name, address, s, and telephone nur	he agency contact person at the above a email address, and telephone number on Ther of the party or parties you represer	ddress within to of the person(s) of. At any time	wenty (20) days making the requ within the twent	after the filing of this lest; and, if you are an ty-five (25) day public	
ECONOMIC IMPACT STATEMENT:						
Economic impact statement not requi	ired for this rule.	Concise summary of eco	nomic impa	t statement	attached.	
TEMPORARY RULES PROPO		OSED ACTION ON RULES	FINAL ACTION ON RULES			
Original filing	Action pror	Action proposed:		Date Proposed Rule Filed: Action taken:		
Renewal of effectiveness	1	rule(s)	Adopted with no changes in text		anges in toyt	
		ndment to existing rule(s)	Adopted with changes			
		of existing rule(s)  Adopted by reference		_		
Immediately upon filing Adop		on by reference Withdrawn				
•		effective date: Repeal adopted as propo		proposed		
	l ———	X 30 days after filing		Effective date:		
	Othe	Other (specify):		30 days after filing Other (specify):		
Printed name and Title of person au	thorized to file	rules: Sam Portera CDA Den			Delieu	
Signature of person authorized to fil	e rules:		n Portera	orector, rax	<u>CPOLICY</u>	
	DO NO	T WRITE BELOW THIS LINE				
OFFICIAL FILING STAMP	0	FFICIAL FILING STAMP	0	FICIAL FILIN	G STAMP	
		į.				
Accepted for filing by	Accepted f	or filing by	Accepted f	or filing by		

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.