BINGO DISTRIBUTOR'S MONTHLY TAX RETURN

KANSAS DEPARTMENT OF REVENUE
Charitable Gaming
Docking State Office Building
915 SW Harrison Street
Topeka, Kansas 66612-1588
Phone: 785-368-8222 Facsimile: 785-296-4993
Website: http://ksrevenue.org/bustaxtypesbingo.html

FOR OFFICE USE ONLY

SECTION I - INSTANT BINGO TICKETS (PULL-TABS) SOLD DURING THIS TAX PERIOD

(List all invoices dated during this tax period, regardless of the date of delivery or date of payment)

Date of Invoice	Name of Organization	Organization License Number	Invoice Number	Manufacturer's Name	Game Serial Number	Total Retail Sales Price
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
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						$
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						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$

Line 1: Total retail sales price	$
Tax due for Schedule I (pull-tabs) (Line 1 x 1%)	$
Tax due for Schedule II (faces) (from reverse side)	$

I certify that this is a true correct and complete return.

Signature _____ Title _____ Date _____

PLEASE COMPLETE SCHEDULE II ON REVERSE SIDE

Make check payable to the Kansas Department of Revenue, mail completed return and check to: Charitable Gaming, Kansas Dept. of Revenue, 915 SW Harrison St., Topeka, KS 66612-1588.

SECTION II - CALL BINGO PAPER FACES SOLD DURING THIS TAX PERIOD

(List all invoices dated during this tax period, regardless of date of delivery or date of payment.)

Date of Invoice	Name of Organization	Organization License Number	Invoice Number	Number of Faces

Line 1: Total faces sold	
Line 2: Line I x $0.002	$
Tax due for Schedule II (faces) Line 2 x 98% (enter on front side)	$