

**KANSAS DEPARTMENT OF REVENUE**

***Charitable Gaming***

Phone: (785) 296-6127 email: bingo@kdor.state.ks.us

FOR OFFICE USE ONLY

**ORGANIZATION'S MONTHLY BINGO REPORT**

Name of organization / License number \_\_\_\_\_

Monthly reporting period \_\_\_\_\_

Make a blank copy for each month and send to KDOR on due date.

Check the month being recorded.

July \_\_\_\_ Nov. \_\_\_\_ Mar. \_\_\_\_  
 Aug. \_\_\_\_ Dec. \_\_\_\_ Apr. \_\_\_\_  
 Sept. \_\_\_\_ Jan. \_\_\_\_ May \_\_\_\_  
 Oct. \_\_\_\_ Feb. \_\_\_\_ June \_\_\_\_

**DUE BY THE 25<sup>TH</sup> OF THE FOLLOWING MONTH**

**SECTION A - CALL BINGO PAPER PURCHASED OR RETURNED DURING THE MONTH**

(List each invoice separately. If you had no purchases or returns, then write "None.")

Distributor's Name	Distributor's Registration Number	Invoice Number	Invoice Date	Number of Faces Purchased For		
				Regular & Special Games	Progressive Games	Mini Games
Totals						

**SECTION B - TOTAL RETAIL PRICE OF ALL INSTANT BINGO TICKETS (PULL-TABS) PURCHASED OR RETURNED DURING THE MONTH** (total from reverse side)

\$ \_\_\_\_\_

**SECTION C - TOTAL MONTHLY RECEIPTS FROM ALL CALL BINGO GAMES, INCLUDING HARD CARD SALES FROM SECTION D BELOW.** If you had no games, then write "0" or "None."

\$ \_\_\_\_\_

Number of times played this month \_\_\_\_\_ Average attendance per time \_\_\_\_\_ Total Net profit \_\_\_\_\_  
 Number of drawings this month \_\_\_\_\_ Number of times played off limits \_\_\_\_\_

**SECTION D - SALE OF HARD CARDS AND ENFORCEMENT TAX DUE PER BINGO REGULATION 92-23-31**

Line 1	Gross receipts from hard card sales to persons with physical or mental infirmities	\$ _____
Line 2	Gross receipts from hard card sales if licensee conducts no more than two sessions per year pursuant to subsection (b) of Regulation 92-23-31.	\$ _____
Line 3	Tax Due. If Line 1 exceeds \$100, multiply Line 1 by 3% and write the answer here, or if Line 2 exceeds \$1,000 per session, multiply Line 2 by 3% and write the answer here:	\$ _____

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

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Mail this report to: Sales & Excise Tax, Kansas Dept. of Revenue, 915 SW Harrison St., Topeka, KS 66625-5000.

**SECTION B - INSTANT BINGO TICKETS (PULL-TABS) PURCHASED OR RETURNED DURING THE MONTH**

(List each game separately based on invoices dated during the month being reported.)

