

# RAFFLE RETURN AND RECONCILIATION

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

FEE \_\_\_\_\_  
Statutory Registration Fee

LICENSE NO. \_\_\_\_\_

APPR. \_\_\_\_\_ ISSUED \_\_\_\_\_

Original Return and Reconciliation

Amended Return and Reconciliation

1. Organization's name and mailing address for notices and forms:

Name \_\_\_\_\_

Street, Route or P.O. Box No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**ANNUAL FEE STRUCTURE FOR RAFFLE LICENSE** - Use your "Total Gross Receipts" to determine total fee due on line 3.

Annual gross receipts of \$25,000 to \$50,000	License fee: \$25
Annual gross receipts exceeding \$50,000 to \$75,000	License fee: \$50
Annual gross receipts exceeding \$75,000 to \$100,000	License fee: \$75
Annual gross receipts exceeding \$100,000	License fee: \$100

2. Organization's total gross receipts for all raffles during the last fiscal year July 1, \_\_\_\_-June 30, \_\_\_\_ . . \$ \_\_\_\_\_  
Enter the year for start and end of the fiscal year for this return.

3. Based on the fee structure above and the gross receipts listed on line 2, the total license fee due is . . . \$ \_\_\_\_\_

4. Total raffle license fee previously submitted . . . . . \$ \_\_\_\_\_

5. Total Credit Amount or Amount Due - Subtract line 4 from line 3, if balance due, make payable to Kansas Charitable Gaming, 915 SW Harrison St., Topeka, KS 66612-1588. If a negative amount, this can be applied to your renewal license fee . . . . . \$ \_\_\_\_\_

6. Names and addresses of all winners of prizes valued at \$1,199 or more.

Name	Street Address	City	State	ZIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that this is a true, correct and complete form.

SIGN HERE \_\_\_\_\_  
Presiding Officer Title Date Daytime Phone Number