



RB-41 Bingo Supplier Quarterly Report

Read this information first

All suppliers of bingo supplies and equipment must file this report within 30 days after the end of any quarter during which the supplier's license was in effect. This report is due by the deadline even if you had no sales or leases during the quarter.

Bingo supplies and equipment is defined as "cards, boards, sheets, markers, pads, and any other supplies, devices, and equipment designed for use in the play of bingo."

Quarters end on March 31, June 30, September 30, and December 31.

Mail your completed report to:
OFFICE OF BINGO AND CHARITABLE GAMES
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19480
SPRINGFIELD IL 62794-9480

If you have any questions, call our Springfield office between 8:00 a.m. and 4:30 p.m. at 217 524-4164. You may also write to us at the address above.

Step 1: Identify your business

1 Name _____

3 Supplier license number **BF** - _____

2 Address _____
Street address

4 This report is for the quarter ending ____/____/____
Month Day Year

City State ZIP

Step 2: List your sales or leases

List below all sales or leases of bingo supplies and equipment you made in Illinois this quarter, even those made to persons or organizations that are not licensed to conduct bingo games. For equipment you sold, write an "S" and the date of sale in the appropriate columns. For equipment you leased, write an "L" and the dates of the events for

which the equipment will be used in the appropriate columns. Attach additional sheets if necessary.

Note: If you did not make any sales or leases this quarter, write "none" on Line 1 and go to Step 3.

Organization purchasing or leasing bingo equipment	Bingo license number	Gross proceeds from sale or lease	Sold ("S") leased ("L")	Date of sale or lease
1 _____ Name _____ Number and street _____ City, state, ZIP	B - _____	\$ _____	_____	____/____/____ Month Day Year
2 _____ Name _____ Number and street _____ City, state, ZIP	B - _____	\$ _____	_____	____/____/____ Month Day Year
3 _____ Name _____ Number and street _____ City, state, ZIP	B - _____	\$ _____	_____	____/____/____ Month Day Year
4 _____ Name _____ Number and street _____ City, state, ZIP	B - _____	\$ _____	_____	____/____/____ Month Day Year

► Please turn this form over and continue completing Steps 2 and 3.

This form is authorized as outlined by the Bingo License and Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-2903



