



Illinois Department of Revenue

RCG-24 Charitable Games Supplier Quarterly Report

Read this information first

All suppliers of charitable games supplies and equipment must complete this report, even if you had no sales or leases during the quarter, within 20 days after the end of any quarter during which the supplier's license was in effect. Quarters end on March 31, June 30, September 30, and December 31. You no longer have to submit the report to us. Keep the completed copy in your records and make it available to us when we request it. You must maintain all records for a period of three years.

Charitable games equipment is defined as "any supplies, devices, equipment, products, or materials designed for use or used in the playing of charitable games including, but not limited to, cards, dice, pull tabs, and any related type of gambling ticket, chips, representations of money, and wheels."

If you have questions, visit our website at tax.illinois.gov or call us 217 785-5864.

Step 1: Identify your business

Name _____ Supplier license number **CS** - _____

Address _____ This report is for the quarter ending ____/____/____
Street address Month Year

City State ZIP

Step 2: List your sales or leases

List below all sales or leases of charitable games equipment you made in Illinois this quarter. 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 charitable games equipment | Charitable games license number | Gross proceeds from sale or lease | Sold ("S") leased ("L") | Date of sale or lease |
|---|---------------------------------|-----------------------------------|-------------------------|--|
| 1 _____ <small>Name</small> _____ <small>Number and street</small> _____ <small>City, state, ZIP</small> | CG - _____ | \$ _____ | _____ | ____/____/____ <small>Month Day(s) Year</small> |
| 2 _____ <small>Name</small> _____ <small>Number and street</small> _____ <small>City, state, ZIP</small> | CG - _____ | \$ _____ | _____ | ____/____/____ <small>Month Day(s) Year</small> |
| 3 _____ <small>Name</small> _____ <small>Number and street</small> _____ <small>City, state, ZIP</small> | CG - _____ | \$ _____ | _____ | ____/____/____ <small>Month Day(s) Year</small> |

Step 3: Sign below

Under penalties of perjury, I state that I have examined this report, and to the best of my knowledge, it is true, correct, and complete.

Officer's signature Title Date

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.