



RCG-24 Charitable Games Supplier Quarterly Report

Read this information first

All suppliers of charitable games supplies and equipment must file this report within 20 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.

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."

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 **CS** - _____

2 Address _____
Street address

4 This report is for the quarter ending ____/____/____
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 equip-

ment 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 _____ Name Number and street City, state, ZIP	CG - _____	\$ _____	____	____/____/____ Month Day(s) Year
2 _____ Name Number and street City, state, ZIP	CG - _____	\$ _____	____	____/____/____ Month Day(s) Year
3 _____ Name Number and street City, state, ZIP	CG - _____	\$ _____	____	____/____/____ Month Day(s) Year

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

