



RCG-32 Charitable Games Event Workers' Attendance List

Read this information first

Form RCG-32 must be completed after each charitable games event your organization conducts and must be submitted with Form RCG-18, Charitable Games Tax Return and Report, filed for the date(s) listed in Step 1.

Members, employees or volunteers of your organization who participated in the management or operation of your charitable games event must complete Step 2. If more than 20 individuals worked your

event, additional Forms RCG-32 must be completed. Setting and cleaning up, selling concessions or working in the kitchen, and providing security for persons or property do not constitute participation in the management or operation of a charitable games event.

The presiding officer of the charitable games event must complete Step 3.

Step 1: Fill in the following information

Organization's name: _____

Date(s) of charitable games event: ____/____/____
Month Day Year

Charitable games license number: _____

____/____/____
Month Day Year

Note: Complete the second date entry only if your events were held consecutively.

Step 2: Complete the workers' perjury statement

Under penalties of perjury, I certify that I worked a charitable games event for the organization on the date(s) identified in Step 1. I also certify that I have not participated in the management or operation of more than four charitable games events within this calendar year; that I have not received any remuneration or compensation directly or indirectly for participating in the management or operation of any

charitable games event; that I am not a professional gambler or have not been convicted of any felony within 10 years of the date of this certification or of any violation of the Criminal Code of 1961, Article 28; and that I am not employed by or do not have any interest in any person, firm or corporation that holds a charitable games provider's or supplier's license.

1 _____
Worker's name (print or type)

____-____-____
Social Security number

Worker's signature

Date

5 _____
Worker's name (print or type)

____-____-____
Social Security number

Worker's signature

Date

2 _____
Worker's name (print or type)

____-____-____
Social Security number

Worker's signature

Date

6 _____
Worker's name (print or type)

____-____-____
Social Security number

Worker's signature

Date

3 _____
Worker's name (print or type)

____-____-____
Social Security number

Worker's signature

Date

7 _____
Worker's name (print or type)

____-____-____
Social Security number

Worker's signature

Date

4 _____
Worker's name (print or type)

____-____-____
Social Security number

Worker's signature

Date

8 _____
Worker's name (print or type)

____-____-____
Social Security number

Worker's signature

Date

This form is authorized as outlined by the Charitable Games Act. Disclosure of this information is REQUIRED. Failure to provide information could result in either a penalty, revocation, or both. This form has been approved by the Forms Management Center. IL-492-3466



Step 2: Complete the workers' perjury statement (continued)

Under penalties of perjury, I certify that I worked a charitable games event for the organization on the date(s) identified in Step 1. I also certify that I have not participated in the management or operation of more than four charitable games events within this calendar year; that I have not received any remuneration or compensation directly or indirectly for participating in the management or operation of any

charitable games event; that I am not a professional gambler or have not been convicted of any felony within 10 years of the date of this certification or of any violation of the Criminal Code of 1961, Article 28; and that I am not employed by or do not have any interest in any person, firm or corporation that holds a charitable games provider's or supplier's license.

9 _____
Worker's name (print or type)

_____-_____
Social Security number

Worker's signature

Date

15 _____
Worker's name (print or type)

_____-_____
Social Security number

Worker's signature

Date

10 _____
Worker's name (print or type)

_____-_____
Social Security number

Worker's signature

Date

16 _____
Worker's name (print or type)

_____-_____
Social Security number

Worker's signature

Date

11 _____
Worker's name (print or type)

_____-_____
Social Security number

Worker's signature

Date

17 _____
Worker's name (print or type)

_____-_____
Social Security number

Worker's signature

Date

12 _____
Worker's name (print or type)

_____-_____
Social Security number

Worker's signature

Date

18 _____
Worker's name (print or type)

_____-_____
Social Security number

Worker's signature

Date

13 _____
Worker's name (print or type)

_____-_____
Social Security number

Worker's signature

Date

19 _____
Worker's name (print or type)

_____-_____
Social Security number

Worker's signature

Date

14 _____
Worker's name (print or type)

_____-_____
Social Security number

Worker's signature

Date

20 _____
Worker's name (print or type)

_____-_____
Social Security number

Worker's signature

Date

Step 3: Sign below

Under penalties of perjury, I certify that Step 2 on all Forms RCG-32 submitted with the Charitable Game Tax Return, Form RCG-18, contains an accurate and complete listing of all persons who participated in the management or operation of the charitable games event(s) for which the Form RCG-18 is filed. I certify that these persons are bona fide members, volunteers or employees of the licensed organization identified in Step 1; that none of them partici-

pated in the management or operation of more than four charitable games events within this calendar year; and that none of them received any remuneration or compensation directly or indirectly for participating in the management or operation of the charitable games event conducted by the licensed organization. I also certify that my organization has complied with all of the provisions of the Charitable Games Act.

Presiding officer's signature

Date