REV 1		
E S		_/
NS DP (CA	

Identify your organization

Do not write above this line.

Bingo license no. BL –			Event date: from	//_	to/	<i>_</i>
Organization name	Total games held					
Address						
City	State	ZIP	_			
Step 1: Identify your	supplier					
Did you purchase any bingo supplies	s or equipment f	or this event?	yes no	"yes," comp	ete the following ir	nformation:
Supplier's license no. BF			Supplier's license	no. BF –		
Supplier's name			Supplier's name _			
Address Number and street			Address	I street		
City	State	ZIP	City		State	ZIP
Step 2: Figure your ta 1 Total prizes, players, and gross pri		bingo event	Value of prizes award	led	No. of players	Gross proceeds
2 Multiply Line 1, Gross proceeds column, by 5% (.05). This is the bingo tax due.						2 _
3 Total credit you wish to apply						3
4 Subtract Line 3 from Line 2. Please pay this amount. Make your check payable to "Illinois Department of Revenue."						4 _
Step 3: Sign below						
Under penalties of perjury, I state value of the prizes or merchandis counties and the City of Red Buc	se awarded on					
Officer's signature			()Phone			Date
Paid tax preparer's signature			()Phone			Date
Mail this return and your paym	ent to:					

BINGO TAX ILLINOIS DEPARTMENT OF REVENUE PO BOX 19019 SPRINGFIELD IL 62794-9019

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.