



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. You no longer have to submit the form to us when you renew your charitable gaming license. 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.

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

The president of the organization conducting the charitable games event must complete the certification in Step 3.

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

Step 1: Identify your organization and charitable games event dates

Organization name: _____ Event date(s): _____ / _____ / _____
Month Day Year Month Day Year

Charitable games license number: CG - _____ Complete the second date entry 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 12 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
_____-_____-_____
Social Security number

Worker's signature Date

7 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

2 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

8 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

3 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

9 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

4 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

10 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

5 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

11 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

6 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

12 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

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 12 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.

13 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

20 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

14 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

21 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

15 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

22 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

16 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

23 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

17 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

24 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

18 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

25 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

19 _____
Worker's name
_____-_____-_____
Social Security number

Worker's signature Date

26 _____
Worker's name
_____-_____-_____
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 completed with Form RCG-18, Charitable Games Tax Return, contains an accurate and complete listing of all persons who participated in the management or operation of the charitable games event(s) for which 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 participated in the management or operation of more than 12 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.

President's signature _____

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.