



PT-11 Limited Pull Tabs and Jar Games Tax Return

Tell us about your organization and account activity

Station no. 995

Do not write above this line.

Pull tabs license no. PL- _____

Organization's name _____

In-care-of name _____

Number and street _____

City _____ State _____ ZIP _____

- 1 When did you sell pull tabs?
From ___/___/___ to ___/___/___
Month Day Year Month Day Year
- 2 Is this an amended return?
yes ___ no ___
- 3 Has your address changed since your last filing? yes ___ no ___
- 4 Did you sell any pull tabs this event?
yes ___ no ___ **If "no," go to Step 3.**
If "yes," go to Step 1 on the back of this form.

Step 1: Figure your gross proceeds (Step 1 is on the back of this form.)

Step 2: Figure your tax (You must complete Step 1 on the back of this form before you complete Step 2.)

- | | |
|---|---------------|
| 1 Gross proceeds. Enter the total of Step 1 Column J. | 1 _____ _____ |
| 2 Total tax due. Multiply Line 1 by 5% (.05), and enter the result here. | 2 _____ _____ |
| 3 Total amount of credit you wish to apply | 3 _____ _____ |
| 4 Total due. Subtract Line 3 from Line 2. Pay this amount.
Make your check payable to "Illinois Department of Revenue." | 4 _____ _____ |

Step 3: Sign below

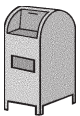
Under penalties of perjury, I state that I have examined this return and that it is true, correct, and complete, and that the total value of the prizes or merchandise awarded on any day was not greater than \$5,000.

Taxpayer or authorized officer's signature

(_____) _____
Daytime telephone number Date

Paid tax preparer's signature

(_____) _____
Daytime telephone number Date



Mail your completed return and payment to:
PULL TAB 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.

Step 1: Figure your gross proceeds (Complete Columns A through L below.)

	A Date of game	B Manufacturer's no.	C Supplier's no.	D Supplier's name	E Name of game	F Form number
1	___/___/___	PM - _____	PS - _____	_____	_____	_____
2	___/___/___	PM - _____	PS - _____	_____	_____	_____
3	___/___/___	PM - _____	PS - _____	_____	_____	_____
4	___/___/___	PM - _____	PS - _____	_____	_____	_____
5	___/___/___	PM - _____	PS - _____	_____	_____	_____
6	___/___/___	PM - _____	PS - _____	_____	_____	_____
7	___/___/___	PM - _____	PS - _____	_____	_____	_____
8	___/___/___	PM - _____	PS - _____	_____	_____	_____
9	___/___/___	PM - _____	PS - _____	_____	_____	_____
10	___/___/___	PM - _____	PS - _____	_____	_____	_____
11	___/___/___	PM - _____	PS - _____	_____	_____	_____
12	___/___/___	PM - _____	PS - _____	_____	_____	_____
13	___/___/___	PM - _____	PS - _____	_____	_____	_____
14	___/___/___	PM - _____	PS - _____	_____	_____	_____
15	___/___/___	PM - _____	PS - _____	_____	_____	_____

	G Serial no.	H Sale price of ticket	I Number of tickets sold per game	J Gross proceeds (Multiply Columns H and I)	K Total paid out (winnings)	L Profit (Column J minus Column K)
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____	_____

Write the total of Column J, Gross proceeds, here and on Step 2, Line 1, on the front of this form. _____

Note: If you need more space, attach additional pages using this format to list all the requested information for each game.