**KANSAS DEPARTMENT OF REVENUE**
# ORGANIZATION'S MONTHLY BINGO REPORT
**(Due the 25th of the following month.)**

> **IMPORTANT:** Save time and paper by filing electronically. See the electronic file and pay options available by visiting our website at **https://www.kdor.ks.gov/Apps/kcsc.**

**Check One:**   ☐ **Original Report**   ☐ **Amended Report**   ☐ **No Play No Purchase**

| | |
|---|---|
| Organization's Name | |
| Organization's Mailing Address | |
| Organization's License Number | Reporting Period (mm/yyyy) |

☐ **Check here if this is a new mailing address.**

**General Information:**

1. Number of times played this month ...................................... _____

**Call Bingo Faces:**

2. Call Bingo Faces Purchased from the Distributor (Total from Schedule 1) .... _____
3. Call Bingo Faces Returned to the Distributor (Total from Schedule 2)........... _____
4. Total of Bingo Faces (Subtract line 3 from line 2)........................................ _____

**Instant Bingo:**

5. Instant Bingo Tickets (Pull-Tabs) Purchased from the Distributor (Total from Schedule 3) ...... $ _____
6. Instant Bingo Tickets (Pull-Tabs) Returned to the Distributor (Total from Schedule 4)............. $ _____
7. Total of Instant Bingo Tickets (Subtract line 6 from line 5)....................................................... _____
8. Total number of Instant Bingo Tickets sold by denomination (Fill in below)

| Denomination | Number Sold | Denomination | Number Sold |
|---|---|---|---|
| $_____ | _____ | $_____ | _____ |
| $_____ | _____ | $_____ | _____ |
| $_____ | _____ | $_____ | _____ |

☐ Check here if you are selling instant bingo tickets from a vending machine. If so, how many vending machines?_____

**Reusable Cards (Hard Cards and Admission Fees):**

9. Gross Receipts from Reusable Cards and Admission Fees............................. $ _____
10. Tax Amount Due (Multiply Line 9 by 3% and enter amount here) ..................... $ _____
11. Credit Memo ................................................................................................ $ _____
12. Subtotal (Subtract Line 11 from Line 10 and enter the difference here)............. $ _____
13. Penalty...................................................................................................... $ _____
14. Interest...................................................................................................... $ _____
15. Total Due (Add Lines 12, 13 and 14 and enter the sum here)........................... $ _____

**I certify this is a true, correct and complete return.**

_____
Signature                                                    Title                             Date

_____
Printed Name                                              Daytime Phone Number

490402

## Schedule 1 - Call Bingo Faces Purchased During this Reporting Period
### Report all distributor invoices dated during this reporting period.

| Organization's Name | |
|---|---|
| Organization's License Number | Reporting Period (mm/yyyy) |

☐ **Check here if no bingo faces were purchased.**

| Invoice Date (Column A) | Invoice Number (Column B) | Distributor's Registration Number (Column C) | Distributor's Name (Column D) | Number of Faces (Column E) |
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| | | | **PAGE TOTAL** | |

**Total Bingo Faces Purchased** (Add all Schedule 1 totals. Enter that number here and on line 2 on page 1.)_____

## Schedule 2 - Call Bingo Faces Returned During this Reporting Period
**Report all distributor invoices dated during this reporting period.**

| Organization's Name | |
|---|---|
| Organization's License Number | Reporting Period (mm/yyyy) |

☐ **Check here if no bingo faces were returned.**

| Invoice Date (Column A) | Invoice Number (Column B) | Distributor's Registration Number (Column C) | Distributor's Name (Column D) | Number of Faces (Column E) |
|---|---|---|---|---|
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| | | | **PAGE TOTAL** | |

**Total Bingo Faces Returned** (Add all Schedule 2 totals. Enter that number here and on line 3 on page 1.) _____

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## Schedule 3 - Instant Bingo Tickets (Pull-Tabs) Purchased During this Reporting Period
### Report all distributor invoices dated during this reporting period.

| Organization's Name | |
|---|---|
| Organization's License Number | Reporting Period (mm/yyyy) |

☐ **Check here if no instant tickets (pull-tabs) were purchased.**

| Invoice Date (A) | Invoice Number (B) | Distributor's Registration Number (C) | Distributor's Name (D) | Manufacturer's Name (E) | Game Serial Number (F) | Total Retail Price of Instant Bingo Tickets (G) |
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**PAGE TOTAL** [          ]

**Total Instant Tickets Purchased** (Add all Schedule 3 totals. Enter that number here and on line 5 on page 1.) _____

## Schedule 4 - Instant Bingo Tickets (Pull-Tabs) Returned During this Reporting Period
### Report all distributor invoices dated during this reporting period.

| Organization's Name | |
|---|---|
| Organization's License Number | Reporting Period (mm/yyyy) |

☐ **Check here if no instant tickets (pull tabs) were returned.**

| Invoice Date (A) | Invoice Number (B) | Distributor's Registration Number (C) | Distributor's Name (D) | Manufacturer's Name (E) | Game Serial Number (F) | Total Retail Price of Instant Bingo Tickets (G) |
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**PAGE TOTAL**

**Total Instant Tickets Returned** (Add all Schedule 4 totals. Enter that number here and on line 6 on page 1.) _____

# INSTRUCTIONS

**Report Type:** Select the type of report you are filing; Original Report, Amended Report, or No Play No Purchase if there were no games played or no purchases made during the reporting period.

**Organization Information:** Enter the organization name, mailing address, license number and reporting period.

**Check box if this is a new mailing address:** Check the box if the mailing address has changed.

**Schedule 1, Schedule 2, Schedule 3 and Schedule 4:** For each purchase or return of bingo faces and instant bingo tickets during the month, enter the data indicated by the column headings. Purchases or returns should be reported in the same month as the date on the distributor's invoice, not the date received or the date paid.The information should be entered on a single line for each distributor's invoice. Check the box if there were no purchases or returns to report for this filing period. Complete additional pages as needed. Remember to enter the total for each page at the bottom of each schedule and enter the total number of faces and total retail price of instant bingo on the schedules and on Page 1 of the report.

**Line 1. Number of times played this month:** Enter the number of times for this reporting period that the organization held bingo. Organizations are allowed to play at another location, but must be in the same or adjoining county. You are required to notify the Department of Revenue three days in advance in writing if playing at another location.

**Line 2. Call Bingo faces purchased from the Distributor:** Enter the total of all schedule 1's, column E.

**Line 3. Call Bingo faces returned to the Distributor:** Enter the total of all schedule 2's, column E.

**Line 4. Total of bingo faces:** Subtract line 3 from line 2.

**Line 5. Instant bingo tickets purchased from the Distributor:** Enter the total of all schedule 3's, column G.

**Line 6. Instant bingo tickets returned to the Distributor:** Enter the total of all schedule 4's, column G.

**Line 7. Total of instant bingo tickets:** Subtract line 6 from line 5.

**Line 8. Total number of instant bingo tickets sold by denomination:** Enter the number of tickets sold for each denomination.

**Check here if you are selling instant bingo tickets from a vending machine.** Check the box if a vending machine selling instant bingo tickets is in use and provide the total number of vending machines your organization has.

**Line 9. Gross Receipts from Reusable Cards and Admission Fees:** Enter your total gross receipts from hard (re-usable) cards and any admission fees collected.

**Line 10. Tax amount due:** Multiply line 9 by 3% and enter the result on line 10.

**Line 11**. **Credit memo:** Enter the amount of any credit memo that you may have recieved from the Kansas Department of Revenue, otherwise enter zero.

**Line 12**. **Subtotal:** Subtract line 11 from line 10 and enter the result on line 12.

**Line 13. Penalty:** If you are filing this return after the due date, multiply line 12 by 25% and enter the result on line 13.

**Line 14. Interest:** If you are filing this return after the due date, multiply line 12 by the appropriate interest rate, which can be found on our website at: https://www.ksrevenue.gov/pandi.html.

**Line 15. Total Due:** Add lines 12, 13 and 14. Enter the result on line 15.

# GENERAL INFORMATION

- If you have questions call 785-368-8222; email kdor_bingo@ks.gov; or visit our website at: https://www.ksrevenue.gov/bustaxtypes.html

- The due date is the 25th day of the month following the ending date of this report.

- Keep a copy of your report for your records.

- *You must file* a report even if there were no games played or purchases/returns made.

- File and pay electronically by going to: **https://www.kdor.ks.gov/Apps/kcsc**

- This form can be faxed to 785-296-4993 or emailed to kdor_bingo@ks.gov

- When sending a check or money order, include your license number and make payable to Charitable Gaming. Send your return and payment to:

Kansas Department of Revenue
Charitable Gaming
120 SE 10th Ave
PO Box 750680
Topeka KS 66625-0680