



# RB-1 Bingo Quarterly Tax Return

## Identify your organization

Station no. 531

Do not write above this line.

Bingo license number: \_\_\_\_\_

Quarter ending \_\_\_/\_\_\_/\_\_\_  
Month Day Year

Organization's name: \_\_\_\_\_

Is this an amended return? \_\_\_yes \_\_\_no

Address: \_\_\_\_\_  
Number and street

Has your organization's address changed since your last return?  
\_\_\_yes \_\_\_no

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

A "final" return indicates that an organization does not intend to conduct any more bingo games. Is this a final return?  
\_\_\_yes \_\_\_no **If "yes," your license will be cancelled.**  
Enter the date of your final bingo game: \_\_\_/\_\_\_/\_\_\_.

## Step 1: Identify your supplier

Did you purchase any bingo supplies or equipment this quarter? \_\_\_yes \_\_\_no If "yes," complete the following information:

Supplier's license no.: **BF** - \_\_\_\_\_

Supplier's license no. **BF** - \_\_\_\_\_

Supplier's name \_\_\_\_\_

Supplier's name \_\_\_\_\_

Address \_\_\_\_\_  
Number and street

Address \_\_\_\_\_  
Number and street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Step 2: List your weekly games

Session date Month/Day/Year	Value of prizes awarded	Session date Month/Day/Year	Value of prizes awarded	Session date Month/Day/Year	Value of prizes awarded
<b>1</b> ___/___/___	_____	<b>6</b> ___/___/___	_____	<b>11</b> ___/___/___	_____
<b>2</b> ___/___/___	_____	<b>7</b> ___/___/___	_____	<b>12</b> ___/___/___	_____
<b>3</b> ___/___/___	_____	<b>8</b> ___/___/___	_____	<b>13</b> ___/___/___	_____
<b>4</b> ___/___/___	_____	<b>9</b> ___/___/___	_____	<b>14</b> ___/___/___	_____
<b>5</b> ___/___/___	_____	<b>10</b> ___/___/___	_____	<b>Total games held</b>	_____

## Step 3: Figure your tax due

	Value of prizes awarded	No. players	Gross proceeds
<b>15</b> Total number of players and gross proceeds for weekly games	_____	_____	<b>15</b> _____
<b>16</b> Did you have a special permit? ___Yes ___No Valid from ___/___/___ to ___/___/___	_____	_____	<b>16</b> _____
<b>17</b> Did you have a special permit? ___Yes ___No Valid from ___/___/___ to ___/___/___	_____	_____	<b>17</b> _____
<b>18</b> County or state fair totals Fair dates ___/___/___ to ___/___/___	_____	_____	<b>18</b> _____
<b>19</b> Add Lines 15, 16, 17, and 18, Gross proceeds column. This is your tax base.	_____	_____	<b>19</b> _____
<b>20</b> Multiply Line 19 by 5% (.05). This is your bingo tax due.	_____	_____	<b>20</b> _____
<b>21</b> Total credit you wish to apply	_____	_____	<b>21</b> _____
<b>22</b> Subtract Line 21 from Line 20. <b>Please pay this amount.</b> <b>Make your check payable to "Illinois Department of Revenue."</b>	_____	_____	<b>22</b> _____

## Step 4: 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 \$2,250 (\$3,250 in Madison, Monroe, and St. Clair counties and the City of Red Bud).

Officer's signature \_\_\_\_\_ (Phone) \_\_\_\_\_ Date \_\_\_\_\_

Paid tax preparer's signature \_\_\_\_\_ (Phone) \_\_\_\_\_ Date \_\_\_\_\_

**Mail this return** and your payment 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.