



# RB-41 Bingo Supplier Quarterly Report

## Read this information first

All suppliers of bingo supplies and equipment must complete this report, even if you had no sales or leases during the quarter, within 30 days after the end of any quarter during which the supplier's license was in effect. Quarters end on March 31, June 30, September 30, and December 31. You no longer have to submit the report to us. 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.

Bingo supplies and equipment is defined as "cards, boards, sheets, markers, pads, and any other supplies, devices, and equipment designed for use in the play of bingo."

If you have questions, visit our website at [tax.illinois.gov](http://tax.illinois.gov) or call us at 217 785-5864.

## Step 1: Identify your business

Name \_\_\_\_\_ Supplier license number **BF** - \_\_\_\_\_

Address \_\_\_\_\_ This report is for the quarter ending \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street address Month Year

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

## Step 2: List your sales or leases

List below all sales or leases of bingo supplies and equipment you made in Illinois this quarter, even those made to persons or organizations that are not licensed to conduct bingo games. For equipment you sold, write an "S" and the date of sale in the appropriate columns. For equipment you leased, write an "L" and

the dates of the events for which the equipment will be used in the appropriate columns. Attach additional sheets if necessary.

**Note:** If you did not make any sales or leases this quarter, enter "none" on Line 1 and go to Step 3.

Organization purchasing or leasing bingo equipment	Bingo license number	Gross proceeds from sale or lease	Sold ("S") leased ("L")	Date of sale or lease
1 _____ <small>Name</small>	B(L) - _____	\$ _____	_____	____/____/____ <small>Month Day Year</small>
_____ <small>Number and street</small>				
_____ <small>City, state, ZIP</small>				
2 _____ <small>Name</small>	B(L) - _____	\$ _____	_____	____/____/____ <small>Month Day Year</small>
_____ <small>Number and street</small>				
_____ <small>City, state, ZIP</small>				
3 _____ <small>Name</small>	B(L) - _____	\$ _____	_____	____/____/____ <small>Month Day Year</small>
_____ <small>Number and street</small>				
_____ <small>City, state, ZIP</small>				
4 _____ <small>Name</small>	B(L) - _____	\$ _____	_____	____/____/____ <small>Month Day Year</small>
_____ <small>Number and street</small>				
_____ <small>City, state, ZIP</small>				

▶ Continue on the next page to complete Steps 2 and 3.

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 2: List your sales or leases (continued)

**5** \_\_\_\_\_ **B(L) -** \_\_\_\_\_ **\$** \_\_\_\_\_ \_\_\_\_\_   /  /    
Name Month Day Year

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

\_\_\_\_\_  
City, state, ZIP

**6** \_\_\_\_\_ **B(L) -** \_\_\_\_\_ **\$** \_\_\_\_\_ \_\_\_\_\_   /  /    
Name Month Day Year

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

\_\_\_\_\_  
City, state, ZIP

**7** \_\_\_\_\_ **B(L) -** \_\_\_\_\_ **\$** \_\_\_\_\_ \_\_\_\_\_   /  /    
Name Month Day Year

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

\_\_\_\_\_  
City, state, ZIP

**8** \_\_\_\_\_ **B(L) -** \_\_\_\_\_ **\$** \_\_\_\_\_ \_\_\_\_\_   /  /    
Name Month Day Year

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

\_\_\_\_\_  
City, state, ZIP

**9** \_\_\_\_\_ **B(L) -** \_\_\_\_\_ **\$** \_\_\_\_\_ \_\_\_\_\_   /  /    
Name Month Day Year

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

\_\_\_\_\_  
City, state, ZIP

**10** \_\_\_\_\_ **B(L) -** \_\_\_\_\_ **\$** \_\_\_\_\_ \_\_\_\_\_   /  /    
Name Month Day Year

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

\_\_\_\_\_  
City, state, ZIP

**11** \_\_\_\_\_ **B(L) -** \_\_\_\_\_ **\$** \_\_\_\_\_ \_\_\_\_\_   /  /    
Name Month Day Year

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

\_\_\_\_\_  
City, state, ZIP

---

## Step 3: Sign below

Under penalties of perjury, I state that I have examined this report, and to the best of my knowledge, it is true, correct, and complete.

\_\_\_\_\_  
Officer's signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date