Use your 'Mouse' or the 'Tab key' to move through the fields and 'Mouse' or 'Space bar' to enable the checkboxes.

Illinois Department of Revenue

RCG-25 Expenditure of Funds Earned Through Charitable Games

Step 1: Identify your organization

Organization's name _____

Charitable games license number **CG -** _____

Address _____
Number and street

Period covered by report ___/___/_____ through ___/___/_____
Month Day Year Month Day Year

_____
City State ZIP

Step 2: Figure your expenditure of funds

1	Gross proceeds from charitable games during the report period	**1**	$_____
2	Cash returned to players during the report period	**2**	$_____
3	Subtract Line 2 from Line 1. This is the amount deposited in your charitable games checking account.	**3**	$_____
4	Other deposits made in your charitable games checking account during the report period	**4**	$_____
5	Balance in your charitable games checking account at the start of the report period	**5**	$_____
6	Add Lines 3, 4, and 5.	**6**	$_____
7	Total amount of all checks written on your charitable games checking account and all other charges to the account during the report period. This total should equal the total amount in Step 3, Item 11.	**7**	$_____
8	Subtract Line 7 from Line 6.	**8**	$_____
9	Balance in your charitable games checking account at the end of the report period	**9**	$_____

10 Are the amounts on Lines 8 and 9 the same? _____ yes _____ no
If "no," give an explanation below.

_____

_____

Step 3: Tell us about your charitable games checking account

11 Enter the number of each check written on your charitable games checking account during the period covered by this report, the amount of the check, the person or organization to whom the check was made payable, and the purpose for the expenditure. Also list and explain any other charges to the charitable games checking account.

Check no.	Check amount	Person or organization	Purpose

Subtotal for Page 1 _____

Continue on the next page. ➔

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.

CG - _____

Step 3: Tell us about your charitable games checking account (continued)

11

Check no.	Check amount	Person or organization	Purpose
Subtotal for Page 1	_____		
Grand total	_____		

12 Enter the name and address of the financial institution where your charitable games checking account is kept and your account number.

Name of financial institution _____ Street address _____ City _____ State _____ ZIP _____ Account number _____

13 Enter the names and addresses of all individuals who are authorized to make expenditures from your charitable games checking account.

Name _____ Street address _____ City _____ State _____ ZIP _____

Name _____ Street address _____ City _____ State _____ ZIP _____

Step 4: Sign below

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I also state that the information is taken from the books and records of the organization for which this form is filed.

Presiding officer's signature _____ Title _____ Date _____

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