



PT-10 Pull Tabs and Jar Games Quarterly Tax Return

Tell us about your organization and account activity

Station no. 994

Do not write above this line.

Pull tabs license no. P - _____

Organization's name _____

In-care-of name _____

Number and street _____

City _____ State _____ ZIP _____

Quarter ending ___/___/___
Month Day Year

- 1 Is this an amended return?
yes ___ no ___
- 2 Is this a final return? yes ___ no ___
If "yes," your license will be cancelled.
Note: A "final" return indicates that an organization will no longer sell pull tabs or jar games.
- 3 Has your address changed since your last filing? yes ___ no ___
- 4 Did you sell any pull tabs this quarter?
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 Did you have a special permit? yes ___ no ___ (If "no," go to Line 3.)
Enter the dates this permit was issued for ___/___/___ to ___/___/___.
Month Day Year Month Day Year
How many games were played under the special permit? _____
(Do not enter number of days sold.)
- 3 Total tax due. Multiply Line 1 by 5% (.05). 3 _____
- 4 Total amount of credit you wish to apply 4 _____
- 5 **Total due.** Subtract Line 4 from Line 3. **Pay this amount.** 5 _____
Make your check payable to "Illinois Department of Revenue."

Step 3: Sign below

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

| | | |
|--|---|---------------|
| Taxpayer or authorized officer's signature | (_____) _____ Daytime telephone number | _____ Date |
| Paid tax preparer's signature | (_____) _____ Daytime telephone number | _____ Date |

Mail your completed form and payment to:

Pull Tab Tax, Illinois Department of Revenue, P.O. 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.