



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
1 ___/___/___	_____	6 ___/___/___	_____	11 ___/___/___	_____
2 ___/___/___	_____	7 ___/___/___	_____	12 ___/___/___	_____
3 ___/___/___	_____	8 ___/___/___	_____	13 ___/___/___	_____
4 ___/___/___	_____	9 ___/___/___	_____	14 ___/___/___	_____
5 ___/___/___	_____	10 ___/___/___	_____	Total games held	_____

Step 3: Figure your tax due

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

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.