KANSAS DEPARTMENT OF REVENUE
Charitable Gaming
Administrator's Phone - 785-296-6127

BINGO DISTRIBUTOR'S MONTHLY TAX RETURN

SCHEDULE I – INSTANT BINGO TICKETS (PULL-TABS) SOLD DURING THIS TAX PERIOD

(List all invoices dated during this tax period, regardless of date of delivery or date of payment.)

Date of Invoice	Name of Organization	Organization License Number	Invoice Number	Manufacturer's Name	Game Serial Number	Total Retail Sales Price
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$

Line 1: Total retail sales price $

Tax due for Schedule I (pull-tabs) (Line 1 x 1%) $

Tax due for Schedule II (faces) (from reverse side) $_____

PLEASE COMPLETE SCHEDULE II ON REVERSE SIDE

Make check payable to Kansas Department of Revenue and mail with this return to:
Bingo Distributors Tax, Kansas Department of Revenue, 915 SW Harrison Street, Topeka, KS 66625-0001

I certify that this is a true, correct and complete return.

Signature _____ Title _____ Date _____

BI-4 (Revised April 2003)

SCHEDULE II – CALL BINGO PAPER FACES SOLD DURING THIS TAX PERIOD

(List all invoices dated during this tax period, regardless of date of delivery or date of payment.)

Date of Invoice	Name of Organization	Organization License Number	Invoice Number	Number of Faces

Line 1: Total faces sold	
Line 2: Line 1 x $0.002	$
Tax due for Schedule II (faces) Line 2 x 98% (enter on front side also)	$