

KANSAS DEPARTMENT OF REVENUE  
**BENEFICIARY ORGANIZATION ASSISTING WITH BINGO SESSION**

**Information on Licensed Organization**

Bingo License Number \_\_\_\_\_

Name of Licensed Organization \_\_\_\_\_

**Information on Beneficiary Organization**

Name of Beneficiary Organization \_\_\_\_\_

Address of Organization \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Enter a description of how this organization became a beneficiary of your organization:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Enter a description of the mission or purpose of this organization:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Beneficiary President or Chairperson Information**

Name \_\_\_\_\_

Address of President or Chairperson \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Name and address of members who will be helping with bingo sessions:

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Complete the above form and send to:**

Kansas Department of Revenue  
 Division of Taxation  
 120 SE 10th Ave  
 PO Box 750680  
 Topeka KS 66625-0680

This form can be faxed to 785-296-4993. If you have questions call 785-368-8222 or go to our website at:  
<https://www.ksrevenue.org/bustaxtypesbingo.html>