490501

KANSAS DEPARTMENT OF REVENUE

BINGO DISTRIBUTOR'S MONTHLY TAX RETURN

(Due by the 25th of the following month)

IMPORTANT: Save time and paper by filing electronically. See the electronic file and pay options available by visiting our website at **https://www.kdor.ks.gov/Apps/kcsc.**

Distributor Name	
Mailing Address	
Registration Number	Filing Period (mm/yyyy)

Check One:

☐ **Original Return**

☐ **Amended Return**

☐ **No Sales No Returns**

☐ **Check here if this is a new mailing address.**

Bingo faces:

1. Bingo faces sold (Total bingo faces sold from Schedule 1) ..... _____
2. Bingo faces returned (Total bingo faces returned from Schedule 2)..... _____
3. Total taxable bingo faces (Subtract line 2 from line 1 and enter the difference) ..... _____
4. Tax due on bingo faces (Multiply line 3 by $.002 and enter the result here)..... $_____
5. Total tax due on bingo faces (Multiply line 4 by 98% and enter the result here)..... $_____

Instant Bingo Tickets:

6. Instant bingo tickets sold (Total from Schedule 3) ..... $_____
7. Instant bingo tickets returned (Total from Schedule 4).....$_____
8. Total taxable instant bingo tickets (Subtract line 7 from line 6 and enter the result here)..... $_____
9. Total tax due on instant bingo tickets (Multiply line 8 by 1% and enter the result here)..... $_____

Total Due:

10. Total tax amount due (Add line 5 and line 9 and enter the result here)..... $_____
11. Credit memo (Amount of credit from credit memo received)..... $_____
12. Subtotal (Subtract line 11 from line 10 and enter the result here.)..... $_____
13. Penalty ..... $_____
14. Interest ..... $_____
15. Total tax, penalty and interest due (Add lines 12, 13 and 14 and enter the result here) ..... $_____

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

Signature | Title | Date

Printed Name | Daytime Phone

Schedule 1 - Bingo faces Sold During the Month

☐ Check here if no sales to report.

Invoice Date (Column A)	**Invoice Number** (Column B)	**Organization's License Number** (Column C)	**Organization's Name** (Column D)	**Number of Faces** (Column E)

Total bingo faces sold from column E ..... _____

Total bingo faces sold (Add all Schedule 1 totals. Enter here and on page 1, line 1) ..... _____

Schedule 2 - Bingo faces Returned During the Month

☐ Check here if no returns to report.

Invoice Date (Column A)	**Invoice Number** (Column B)	**Organization's License Number** (Column C)	**Organization's Name** (Column D)	**Number of Faces** (Column E)

Total bingo faces returned from column E..... _____

Total bingo faces returned (Add all Schedule 2 totals. Enter here and on page 1, line 2)..... _____

Schedule 3 - Instant Bingo Tickets Sold During the Month

☐ Check here if no sales to report.

Invoice Date (Column A)	**Invoice Number** (Column B)	**Organization's License Number** (Column C)	**Organization's Name** (Column D)	**Manufacturer's Name** (Colume E)	**Game Serial Number** (Column F)	**Total Retail Price of Instant Bingo** (Column G)

Total retail price of instant bingo from column G.....$_____

Total retail price from all Schedule 3's (Add all Schedule 3 totals. Enter here and on page 1, line 6).....$_____

Schedule 4 - Instant Bingo Tickets Returned During the Month ☐ Check here if no returns to report.

Invoice Date (Column A)	**Invoice Number** (Column B)	**Organization's License Number** (Column C)	**Organization's Name** (Column D)	**Manufacturer's Name** (Column E)	**Game Serial Number** (Column F)	**Total Retail Price of Instant Bingo** (Column G)

Total retail price of instant bingo from column G.....$_____

Total retail price from all Schedule 4's (Add all Schedule 4 totals. Enter here and on page 1, line 7).....$_____

INSTRUCTIONS

Return Type: Select the type of return you are filing: Original or Amended.

Distributor Information: Enter the distributor name, mailing address, license number and filing period.

No Sales/Returns to Report This Period: Check this box only if you have mp sales or returns to report.

Schedule 1, Schedule 2, Schedule 3 and Schedule 4: For each sale or return of bingo paper and instant bingo tickets during the month, enter the data indicated by the column headings. Sales or returns should be reported in the same month as the date on the invoice.The information should be entered on a single line for each invoice. Check the box if there were no sales or returns to report for this filing period. Complete additional pages as needed. Remember to enter the total for each page at the bottom of each schedule and enter the total faces and total retail price on the schedules and on page 1 of the report.

Line 1. Bingo faces sold: Enter the total of all Schedule 1's, column E.

Line 2. Bingo faces returned: Enter the total of all Schedule 2's, column E.

Line 3. Total taxable bingo faces: Subtract line 2 from line 1 and enter the result on line 3.

Line 4. Tax due on bingo faces: Multiply line 3 by $.002 and enter the result on line 4.

Line 5. Total tax due on bingo faces: Multiply line 4 by 98% and enter result on line 5.

Line 6. Instant bingo tickets sold: Enter the total of all Schedule 3's, column G.

Line 7. Instant bingo tickets returned: Enter the total of all Schedule 4's, column G.

Line 8. Total taxable instant bingo tickets: Subtract line 7 from line 6 and enter the result on line 8.

Line 9. Total tax due on instant bingo tickets: Multiply line 8 by 1% and enter result on line 9.

Line 10. **Total tax amount due:** Add lines 5 and 9 and enter the result on line 10.

Line 11. Credit memo: Enter the amount of any credit memo that you may have received from the Kansas Department of Revenue, otherwise enter zero.

Line 12. Subtotal: Subtract line 11 from line 10 and enter the result on line 12.

Line 13. Penalty: If you are filing this return after the due date, multiply line 12 by 25% and enter the result on line 13.

Line 14. Interest: If you are filing this return after the due date, multiply line 12 by the appropriate interest rate, which can be found on our website at: https://www.ksrevenue.org/pandi.html.

Line 15. Total tax, penalty and interest due: Add lines 12, 13 and 14 and enter the result on line 15.

General Information

- The due date is the 25th day of the month following the ending date of this return.
- Keep a copy of your return for your records.
- **You must file** a return even if there were no games played. Mark the "No Sales No Reports" box on page 1.
- File and pay electronically by going to: **https://www.kdor.ks.gov/Apps/kcsc.**
- This form can be faxed to 785-296-4993 or emailed to kdor_bingo@ks.gov.
- If you have questions call 785-368-8222; email us at kdor_bingo@ks.gov; or visit our website at: https://www.ksrevenue.org/bustaxtypesbingo.html.
- When sending a check or money order, write your registration number on your check or money order and make payable to Charitable Gaming. Send your return and payment to:

Kansas Department of Revenue
Charitable Gaming
PO Box 750680
Topeka KS 66625-0680