



QUARTERLY BINGO TICKET MANUFACTURER REPORT

Place an X in all boxes that apply. <input type="checkbox"/> AMENDED Change of Address Report <input type="checkbox"/> (Enter new address below)	License Number Period Ended (MM-YY)
Manufacturer Mailing address City State ZIP	This report is due by the last day of the month following the close of the quarter.

Enter the total dollar amount of bingo paper sales to licensed South Carolina distributors during the filing period.

	Distributor Name	Distributor's SC License Number	Bingo Paper Sales
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
Total			\$

THIS IS AN INFORMATION ONLY REPORT.

This information is required by SC Code Section 12-21-4270. You can be fined up to \$5,000 and have your license revoked for providing false or incomplete information per SC Code Section 12-21-4040. See the full code sections at dor.sc.gov/policy.

Questions? Contact this office at 803-898-5393.

I hereby certify that I have examined this report and to the best of my knowledge it is true and accurate.

Title	Printed name	Signature
Daytime phone number	Date	Email

Mail to: SCDOR, Bingo Licensing & Enforcement, PO Box 125, Columbia, SC 29214-0400.