

**QUARTERLY BINGO DISTRIBUTOR REPORT**

Place an X in all boxes that apply.

 AMENDED
Report

Change of Address

 (Enter new
address below)

License Number

Period Ended (MM-YY)

Distributor

Mailing address

City

State

ZIP

This report is due by the last
day of the month following the
close of the quarter.**Quarterly Sales Totals**

You must submit this form even if you had no sales during the filing period.

Report all quarterly sales to South Carolina licensed nonprofit organizations.

1.	Total sales of bingo paper	\$
2.	Total sales of electronic bingo tickets	\$
3.	Total of South Carolina gross sales for the quarter (add lines 1 and 2)	\$

COMPLETE SCHEDULE ON PAGE 2.**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.

