



Bingo Manufacturer/Distributor Quarterly Report

FORMID 109

FORM SUBMISSION

You must file a report even if no sales were made. Attach all supplement pages to this report.

For mail: Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

FOR ASSISTANCE in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our website at txbingo.org.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxpayer Number	Filing Period (year & quarter)	# Supplements
<input type="text"/>		
Manufacturer/Distributor Name		
<input type="text"/>		
Mailing Address (Street Address, PO Box, or Rural Route)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP code

BINGO EQUIPMENT AND SUPPLIES SOLD & LEASED (USE TOTALS FROM ALL SUPPLEMENT PAGES)

1. Total sales of Instant Bingo 1. \$ _____
(Total of Item 6 on all supplement pages)
2. Total sales of Bingo cards, sheets and pads 2. \$ _____
(Total of Item 7 on all supplement pages)
3. Total sales of Bingo equipment 3. \$ _____
(Total of Item 8 on all supplement pages)
4. TOTAL AMOUNT OF SALES MADE THIS QUARTER 4. \$ _____
(Total of Items 1-3 above)
(Same as the total of Item 9 on all supplement pages)
5. Total lease of Bingo equipment 5. \$ _____
(Total of Item 10 on all supplement pages)
6. TOTAL AMOUNT OF SALES & LEASE MADE THIS QUARTER 6. \$ _____
(Total of Item 4 & 5 on above)

I declare that the information in this document and all attachments is true and correct to the best of my knowledge and belief.

sign here ▶

<input type="text"/>	<input type="text"/>
Authorized Agent	Title
<input type="text"/>	<input type="text"/>
Phone Number	Date