



# Bingo Manufacturer/Distributor Quarterly Report

FORMID 109

### FORM SUBMISSION

**Method of Calculation:** A cash accounting method must be used to prepare this report.

The **Total** items listed on page 2 must match those reported on page 1.

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

**ONLINE:** This form may be filed on the Bingo Service Portal (BSP) [bsc.txbingo.org](http://bsc.txbingo.org)

**USPS Delivery:** Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

**Courier Delivery:** Texas Lottery Commission, Charitable Bingo Operations Division, 1801 N. Congress Ave., Austin, TX 78701

**FAX:** 1-512-344-5142

**EMAIL:** [bingo.services@lottery.state.tx.us](mailto:bingo.services@lottery.state.tx.us)

**WEBSITE:** [txbingo.org](http://txbingo.org).

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

