



Charitable Bingo Operations Division

# Bingo Lessor's Quarterly Report

LESSOR

FORMID 70

Lessor License Number	Lessor Name	Lessor Taxpayer Number	Quarter
Location Name and Address		Unit Name (If Applicable)	

### WHO MUST SUBMIT THIS FORM:

Every lessor licensed to lease bingo premises in Texas must file a Bingo Lessor's Quarterly Report. This form may be filed online through the Bingo Service Portal: <http://bsc.txbingo.org>

### GENERAL INFORMATION:

- Use black or blue ink only.
- Use whole dollars only.
- **Reports must be filed for every quarter even if no rental income was received. Failure to timely report may result in an administrative penalty up to \$300.**
- Reports must be filed on or before the twenty-fifth day of the month following each calendar quarter.
- If filing a "zero report" enter "zeros" in all applicable fields.
- Use the cash accounting method to complete this report.
- A separate form must be submitted for each location held by the lessor.
- The total amount of rent received from payees during the period (e) below should match the amount reported on Line 1a.

### Submit completed form to:

**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, 611 E. 6th Street, Austin, TX 78701-3715

**Fax:** 1-512-344-5142    **Email:** [bingo.services@lottery.state.tx.us](mailto:bingo.services@lottery.state.tx.us)    **Phone:** 1-800-246-4677

### RENT SUMMARY

1a. Total lump sum rent income (whole dollars)	.00
2a. Property taxes, utility expenses and insurance premiums collected from organizations (whole dollars)	.00
3a. Property taxes, utility expenses and insurance premiums paid by the lessor (whole dollars)	.00

### RENT RECEIPTS DETAIL Payee is conductor or conductor/lessor, not unit. List licensed authorized organizations only.

(a) Payee License Number	(b) Payee Taxpayer Number	(c) Payee Name	(d) Number of Bingo Occasions Paid	(e) Rent Received from Payee During Reporting Period
1.				.00
2.				.00
3.				.00
4.				.00
5.				.00
6.				.00
7.				.00
8.				.00
9.				.00
10.				.00
<b>Totals</b>			<input type="text"/>	<input type="text" value=".00"/>

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

**sign here** ▶

Signature

Print Name

Phone Number

Date