

This report must be filed with the Arizona Department of Revenue no later than the 20th day of the month following expiration of your bingo license.

Amended Report

Legal Name of Licensee				
Mailing Address	<input type="checkbox"/> NEW	City	State	Zip
Location Address	<input type="checkbox"/> NEW	City	State	Zip
Name of Contact Person	<input type="checkbox"/> NEW	Telephone No. (with area code)	<input type="checkbox"/> NEW	
E-mail Address	<input type="checkbox"/> NEW	Fax No. (with area code)	<input type="checkbox"/> NEW	

License No.:	
Period Beginning:	Period Ending:
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<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b>	
88	
81 PM	80 RCVD

**Falsification of information contained in this report  
constitutes a Class 6 felony.**

1	Gross receipts .....	1	\$	
2	Prizes paid out .....	2	\$	
3	<b>Adjusted Gross Receipts:</b> Subtract line 2 from line 1 .....	3	\$	
4	Bingo expenses paid from page 2 .....	4	\$	
5	Net proceeds: Subtract line 4 from line 3.....	5	\$	
6	Expenditures of net proceeds from page 2 .....	6	\$	
7	<b>Bingo Tax Due:</b> Multiply the amount on line 3 by 2.5%.....	7	\$	
8	Penalty and interest due, if any.....	8	\$	
9	<b>TOTAL TAX DUE:</b> Add line 7 and line 8. Enter the total here .....	9	\$	

Under penalty of perjury, I declare that I am duly authorized to sign and file this report, that I have read the foregoing report and know the contents thereof, and that all information provided has been fully, accurately, and truthfully completed to the best of my knowledge.

NOTE: The PROCEEDS COORDINATOR of the licensee MUST SIGN this report.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_

**Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019**

☎ (602) 716-7801

Licensee's Name (as shown on page 1)	License No.
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**BINGO EXPENSES PAID:**

*Provide a brief description of any bingo expenses paid such as bingo paper, daubers or other supplies. If you need more space, attach additional page(s).*

	Description	Amount
4a		\$
4b		\$
4c		\$
4d		\$
4e		\$
4f		\$
4g		\$
4h		\$
4i		\$
4j		\$
4k		\$
4l		\$
4m		\$
4n		\$
4o		\$
TOTAL BINGO EXPENSES PAID: <i>Enter here and on page 1, line 4.....</i>		\$

**EXPENDITURES OF NET PROCEEDS — ORGANIZATIONAL EXPENSES:**

*List the purpose and amount of the expense. If you need more space, attach additional page(s).*

	Description	Amount
5a		\$
5b		\$
5c		\$
5d		\$
5e		\$
5f		\$
5g		\$
5h		\$
5i		\$
5j		\$
5k		\$
5l		\$
5m		\$
5n		\$
5o		\$
TOTAL EXPENDITURES OF NET PROCEEDS: <i>Enter here and on page 1, line 6.....</i>		\$