



**CG-MDQ, MANUFACTURER AND/OR DISTRIBUTOR
 QUARTERLY REPORT**
 State Form 51414 (R9 / 6-19)
 INDIANA GAMING COMMISSION

*Office Use Only:
 DATE RECEIVED
 (month, day, year)*

IMPORTANT INSTRUCTIONS AND FAQ INFORMATION ARE ON PAGE 3 FOR YOUR REVIEW AND USE.

SECTION A: BUSINESS INFORMATION

1. Mark One: Manufacturer OR Distributor

2. Legal Name of Manufacturer or Distributor _____

3. Address (number and street)	4. City	5. State	6. ZIP Code	7. Country/Territory
8. Contact Person	9. Contact Telephone Number ()	10. Contact E-mail Address		11. Fax Number ()

SECTION B: QUARTERLY SALES TOTALS

12. Based on your assigned licensing period, indicate which quarterly period (*record the abbreviated months below*) you are reporting on:
 1st ____, ____, ____
 2nd ____, ____, ____
 3rd ____, ____, ____
 4th ____, ____, ____

13. Report all quarterly sales to Indiana licensed distributors and/or Indiana licensed qualified non-profit organizations.

13 A. Total sales of Pull-Tabs/Punchboards/Tip Boards..... A. \$ _____

13 B. *Distributors Only – Report total amount of “Gaming Card Excise Tax” remitted to the Indiana Department of Revenue for the sales of PPT only to Qualified Non-Profit Organizations in Indiana \$ _____ (DO NOT include this figure in the total for “E” below.)*

13 C. Total sales of Bingo Paper..... C. \$ _____

13 D. Total sales and leases of Gaming Equipment/Devices.....D. \$ _____

13 E. Total of Indiana gross sales for this quarter: (*Add lines A, C and D.*).....E. \$ _____

SECTION C: CERTIFICATION

14. Certification: I will comply with all of the provisions of the Indiana Charity Gaming statute and administrative rule. I declare under the penalties of perjury that this is to the best of my knowledge and belief a true, correct, and complete report.

Preparer's Original Signature: _____ Printed Name: _____
(Stamped signatures are not accepted.)

Preparer's Title: _____ Date (month, day, year): _____

Instructions and FAQ Information

The purpose of reviewing the quarterly report information is to determine if your records are in compliance with the record keeping requirements as stated in **68 IAC 21-4-2**.

This form is due before the 20th day of the month following the end of each assigned quarter period.

This form must be completed, even if there were zero sales.

If your business holds both a Manufacturer and a Distributor license, you must complete a separate quarterly report for each license type.

Original signature is required (*signature stamps are unacceptable*).

PAGE 1:

SECTION B: QUARTERLY SALES TOTALS

Line 12: Enter the abbreviated months that you are reporting on (Example: Mar-Apr-May)

Line 13 A: Enter the total sales of Pull-Tabs/Punchboards/Tip Boards.

Line 13 B: *Distributors Only* = Enter the total amount of "Gaming Card Excise Tax" remitted on sales of PPT to Indiana Qualified Non-Profit Organizations (DO NOT include this figure in the total for line "E").

Line 13 C: Total sales of bingo paper

Line 13 D: Total sales and leases of gaming equipment/devices

Line 13 E: Total of Indiana gross sales for this quarter (Add lines A, C and D).

SECTION C: CERTIFICATION

Line 14: The individual that has prepared this form and any attachments must sign and date page 1.

PAGE 2:

SECTION D: CUSTOMER INFORMATION

Line 17:

MANUFACTURERS AND DISTRIBUTORS: Columns A, B, and C: Report all customers you have invoiced for "licensed supplies" during this specific quarter period.

DISTRIBUTORS ONLY: Column D: Did you sell any games that have a prize value of \$599.00 or over? If yes, indicate "yes" in Column D below for only those specific customers. If No, leave column D blank.

Attach additional sheets if needed and ensure that your entity name, quarter period and all the information required on this form is included on all additional sheets.

If you have the e-mail address of the Coordinator that is responsible for the manufacturers and/or distributors, you may send this report directly to them; otherwise, please submit this report via FAX, E-MAIL or by MAIL:

Indiana Gaming Commission / Charity Gaming Division
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Indianapolis, Indiana 46204