CG- MDQ, MANUFACTURER/DISTRIBUTOR QUARTERLY REPORT State Form 51414 (R7 / 7-12) INDIANA GAMING COMMISSION			Office Office	e Use Only: DAT	E RECEIVED
IMPORTANT INSTRUCTIONS:					
This form is due the 20th day of the following month after you	ır assigned quarterly pe	riod.			
If your business holds both a Manufacturer and a Distributor leach license type.	license, complete a sep	arate quarterly rep	ort for		
Mail completed form to: Indiana Gaming Commission / Charity Gaming Division 101 W. Washington Street / East Tower, Suite 1600 Indianapolis, Indiana 46204			Review	ed By	Date Completed
SE	CTION A: BUSINESS	INFORMATION			
1. Check one: Manufacturer OR Distributor					
2. Name of Manufacturer or Distributor	3. Doing busines as (DBA)		4. F	4. Federal Identification number (FID	
5. Address (number and street)	6. City		7. State	State 8. ZIP code	
9. Contact person's name 10. Contact person ()	on's telephone number	's telephone number 11. Contact person's emai		ess 12. Fax number	
SE *Important: This form must be o	CTION B: QUARTED completed even if you d			period.	
13. Based on your assigned licensing period, indicate which q	uarterly period (record	the abbrv. months)	you are reportin	g on:	
☐ 1st, ☐ 2nd,	, [☐ 3rd,		4th,	,
Report all quarterly sales to Indiana licensed distributors or licensed 1. Total sales of pull tabs/punchboards/tip boards	censed qualified non-pr	-		1. \$	
2. Total sales of bingo paper				2. \$	
3. Total sales of raffle tickets for VTA's					
4. Total sales/leases of gaming equipment/devices (add lines 1, 2, and 3)					
Distributors: Report total amount of excise tax remitted on sales to Indiana qualified non-profit organization					
_	RIBUTOR AND /OR			ON	
14. List below, each Distributor and/or Indiana Qualified No. sold to this quarter. Attach additional sheets if necessary. under gaming license number.	n-Profit Organization t	nat "licensed supp	lies" (pursuant to	IC 4-32.2 and 6	
Name of Indiana Licensed Distributor and/or Indiana Qualified Non-Profit Organization (List the names as it shows on the customer's license)	(valid at the time o	Gaming License Number (valid at the time of invoicing) / Expiration date of license number		Federal Identification Number (FID = nine (9) digits)	
	/				
	/				
	/				
	/				
	/				

Check box **ONLY** if you have made correction(s) to this report after its original filing. Date of correction(month,day,year)

Signature ___

15. 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 application.

Printed Name -

Date (month, day, year)