



**CG-MDQ, MANUFACTURER/DISTRIBUTOR
QUARTERLY REPORT**

State Form 51414 (R8 / 7-15)
INDIANA GAMING COMMISSION

Office Use Only: DATE RECEIVED
(mm/dd/yy)

IMPORTANT INSTRUCTIONS:

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

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

Original signature is required (signature stamps are unacceptable).

Fax or Mail completed form: Indiana Gaming Commission / Charity Gaming Division
101 W. Washington Street / East Tower, Suite 1600

FAX: 317-232-0117 Indianapolis, Indiana 46204

Reviewed By: _____ Completed Date (mm/dd/yy): _____

SECTION A: BUSINESS INFORMATION

1. Mark One: Manufacturer OR Distributor

2. Name of Manufacturer or Distributor

3. Doing business as (DBA)

4. Federal Identification Number (FID)

5. Address (number and street)

6. City

7. State

8. ZIP Code

9. Contact Person

10. Contact Telephone Number

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11. Contact E-mail Address

12. Fax Number

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SECTION B: QUARTERLY SALES TOTALS

**Important: This form must be completed even if you did not have any sales during this period.*

13. Based on your assigned licensing period, indicate which quarterly period (record the abbreviated months below) you are reporting on:

1st _____, _____, _____ 2nd _____, _____, _____ 3rd _____, _____, _____ 4th _____, _____, _____

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

1. Total sales of Pull-Tabs/Punchboards/Tip Boards..... 1. \$ _____
1a. **Distributors Only** – Report 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 #5 below.)
2. Total sales of Bingo Paper..... 2. \$ _____
3. Total sales of Raffle Tickets for VTA's..... 3. \$ _____
4. Total sales and leases of Gaming Equipment/Devices..... 4. \$ _____
5. **Total of Indiana gross sales for this quarter: (Add lines 1, 2, 3 and 4)..... TOTAL \$ _____**

SECTION C: DISTRIBUTOR AND/OR ORGANIZATION INFORMATION

In addition to listing your distributor/organization customers, their license number, expiration date and Federal Identification Numbers; you must also provide the following, when it applies:

Charity Gaming Legislative Changes (effective July 1, 2015) Senate Enrolled Act No. 327

A licensed distributor that sells any licensed supply with a prize value that would require the qualified organization to report a patron's gaming winnings to either the IRS or Indiana Department of Revenue for income tax purposes must submit notice of the sale in quarterly reports to the Commission.

USE PAGE 2 ON REVERSE SIDE TO RECORD ORGANIZATIONS AND/OR DISTRIBUTOR INFORMATION.

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 application.

Preparer's Original Signature: _____

(Stamped signatures are not accepted.)

Printed Name: _____

Preparer's Title: _____

Date (mm/dd/yy): _____

SECTION C CONTINUED:

CG-MDQ DISTRIBUTORS AND/OR ORGANIZATIONS

Name of Manufacturer or Distributor

QUARTERLY PERIOD: *List abbreviated months.*

1st _____, _____, _____

2nd _____, _____, _____

3rd _____, _____, _____

4th _____, _____, _____

15.

- List each Distributor and/or Indiana Non-Profit Organization that you sold "licensed supplies" to this quarter (pursuant to **IC 4-32.2** and **68 IAC 21**).
- IF you sold, to an organization, licensed supply with a prize value that would require the qualified organization to report a patron's gaming winnings to either the IRS or Indiana Department of Revenue for income tax purposes; List: Name of Game, Form Number, Serial Number and Date of Sale
- Copy the form and attach additional sheets if necessary. If you attach your own sheets, ensure that your entity name, quarter period and all distributor/organization information shown here is listed on the attachment.

Name of Distributor and/or Indiana Qualified Non-Profit Organization (List names as they show on the customers license.)	License Number -and- License Expiration Date (mm/dd/yy)	Federal Identification Number	Name of Game	Form Number	Serial Number	Date of Sale (mm/dd/yy)
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16. 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.

Preparer's Original Signature: _____ Printed Name: _____ Title: _____ Date (mm/dd/yy): _____
 (Stamped signatures are not accepted.)