

## MANUFACTURER/DISTRIBUTOR QUARTERLY STATEMENT OF SALES OF BINGO AND GAMES OF CHANCE SUPPLIES AND EQUIPMENT

		Calendar Yea	r:			
Filing	<b>Period</b> :	h 31 April 1	– June 30	☐ July 1 – S	Sept. 30 🔲 (	Oct. 1 – Dec. 31
Name of Supplier:						
Mailing Address:						
	(Street)		(City, Town	or Village)	(State)	(Zip Code)
Phone Number:		License No	. <b>:</b>			
		Bingo Supplie	es and Equ	uipment		
Total Number Of Bingo Total Number Of Elect Total Number Of Elect Total Number Of Elect Total Number Of Elect Total Sales Of Bingo C Total Sales Of Bingo C Total Sales Of Electron Total Sales Of Electron Total Sales Of Electron Total Sales Of Electron	<ul> <li>total number of of Carton/Boxes And Blow</li> <li>total number of of total number of of Carton/Boxes And Blow</li> <li>total number of of total number of of total</li></ul>	package paper "ups" excluding p wers Sold To Con package paper "ups" excluding p wers Sold To Org package paper "ups" excluding p package paper "ups" or Conganization res To Distributors res To Organization res To Commercial butors mizations nercial Halls	package pal nmercial H package pal anizations package pal utors zations ercial Halls	perper		
	<u>Bell</u>	Jar Tickets and	d Dispens	ing Machine	<u>'S</u>	
Total Number Of Deals Total Number Of Disper Total Number Of Disper	s Sold To Organizations s Sold To Distributors (if ensing Machines Sold/Leaning Machines Sold/Leaning Machines Sold/Leaning To Organizations	a manufacturer). ased To Organiza ased To Distribut	tionsors (if a ma	anufacturer)	·	_ _ _
Total Bell Jar Ticket Sa Total Dispensing Mach	ales To Organizations ales To Distributors (if a name Sales To Organization ine Sales To Distributors	manufacturer) ns		\$, \$,	, ,	_
TOTAL AMOUNT OF A	ALL SALES & LEASES:	One Broadway Center, P.O. (	30x 7500, Schene aming.ny.gov	- ectady, NY 12301-7500	Qua	rterly Statement (Rev. 7/2017)



## MANUFACTURER/DISTRIBUTOR QUARTERLY STATEMENT OF SALES OF BINGO AND GAMES OF CHANCE SUPPLIES AND EQUIPMENT

Total Number Of Gaming Tables/Wheels/Layouts Sold Or Leased To Organizations	Games of Chance (I	Las Vegas Nights, Casino Nights, Bazaars, Carn	ivals, etc.)
Raffle Devices (including software)  Total Number Of Devices Sold Or Leased To Organizations	Fotal Number Of Gaming Tables/Wheels/Lay Fotal Sales Of Tables/Wheels/Layouts Sold C	outs Sold Or Leased To Distributors (if a manufacture or Leased To Organizations	er)
Cotal Number Of Devices Sold Or Leased To Organizations	TOTAL AMOUNT OF ALL SALES & LEASES	S: \$	
Total Sales Of Devices Sold Or Leased To Organizations		Raffle Devices (including software)	
Total Sales Of Devices Sold Or Leased To Distributors (if a manufacturer)\$,			
swear or affirm that the information and statements contained herein have been examined by me and to the best of my knowledge are orrect and complete.  Print Name  Title  E-Mail	Otal Sales Of Devices Sold Or Leased To Or Cotal Sales Of Devices Sold Or Leased To Di	ganizations\$	·
Print Name Title E-Mail	TOTAL AMOUNT OF ALL SALES & LEASES	S: \$	
Print Name Title E-Mail			
Signature Date		ents contained herein have been examined by me and to th	e best of my knowledge are
	orrect and complete.		
	Print Name		
	Print Name  Signature	Title /	E-Mail
Note: This form must to be attached to your quarterly invoices which are due within 20 days of the end of each quarter.	Print Name  Signature	Title /	E-Mail
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