NYS Racing and Wagering Board
1 Broadway Center, Suite 600
Schenectady, NY 12304-2553
(518) 395-5400, Fax: (518) 347-1469
www.racing.state.ny us

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

Filing Period: ☐ Jan. 1 – March 31 ☐ April 1 – June 30 ☐ July 1 – Sept. 30 ☐ Oct. 1 – Dec. 31
Calendar Year: _____

Name of Supplier: _____

Mailing Address: _____,_____,_____,_____
(Street) (City, Town or Village) (State) (Zip Code)

Phone Number: _____ License No.: _____

Bingo Supplies and Equipment (use total from all supplement pages)

1. Total Number of Bingo Paper and Blowers Sold to Distributors…….._____
2. Total Number of Leased Electronic Bingo Aides Sold to Distributors….:...……..._____
3. Total Number of Bingo Paper and Blowers Sold to Organizations…….……._____
4. Total Number of Leased Electronic Bingo Aides Sold to Organizations……_____
5. Total Number of Sold Bingo Paper and Blowers Sold to Commercial Halls……..._____
6. Total Number of Leased Electronic Bingo Aides Sold to Distributors……..……..._____

1. Total Sales of Bingo Paper and Blowers to Distributors (if a manufacturer)……$_____,_____,_____._____
2. Total Sales of Bingo Paper and Blowers to Organizations……$_____,_____,_____._____
3. Total Sales of Bingo Paper and Blowers to Commercial Halls…….... $_____,_____,_____._____
4. Total Sales of Electronic Bingo Aides to Distributors (if a manufacturer)…. $___,_____,_____._____
5. Total Sales of Electronic Bingo Aides to Organizations……. $_____,_____,_____._____
6. Total Sales of Electronic Bingo Aides to Commercial Halls……$_____,_____,_____._____

TOTAL AMOUNT OF ALL SALES & LEASES $_____,_____,_____._____

Bell Jar Ticket Sales and Games of Chance Supplies and Equipment (use total from all supplement pages)

Total Number of Deals Sold To Organizations……..……_____
Total Number of Deals Sold To Distributors (if a manufacturer)……..._____
Total Number of Dispensing Machines Sold/Leased To Organizations…….._____
Total Number Of Dispensing Machines Sold/Leased To Distributors (if a manufacturer)…_____

Total Sales From Bell Jar Ticket Sales To Organizations……..$_____,_____,_____._____
Total Sales From Bell Jar Ticket Sales To Distributors (if a manufacturer)……$_____,_____,_____._____
Total Sales From Dispensing Machines To Organizations…….……$_____,_____,_____._____
Total Sales From Dispensing Machines To Distributors (if a manufacturer)……$_____,_____,_____._____

TOTAL AMOUNT OF ALL SALES & LEASES $_____,_____,_____._____

I swear or affirm that the information and statements contained herein have been examined by me and to the best of my knowledge are true, correct and complete.

_____ _____ _____ _____/_____/_____
Signature Print Name Title Date

****Note: This form must to be attached to your quarterly invoices which are due within 20 days of the end of each quarter.**