



Original Report	_____
Amended Report	_____

ENFORCEMENT DIVISION
 4900 ALAMEDA BOULEVARD NE
 ALBUQUERQUE, NM 87113-1736
 PHONE: (505) 841-9700 FAX: (505) 841-9770
www.nmgcb.org

BINGO AND RAFFLE QUARTERLY REPORT FORM

Report Year _____

CRS # _____

- Do not alter this form in any way
- Complete **ALL** sections of this report
- This report must be prepared in **INK** or typed

Check Only One:

_____	1 st Quarter (Jan. – Mar.)	Due April 25 th
_____	2 nd Quarter (Apr. – June)	Due July 25 th
_____	3 rd Quarter (Jul. – Sept.)	Due Oct. 25 th
_____	4 th Quarter (Oct. – Dec.)	Due Jan. 25 th E

(Pursuant to New Mexico Bingo and Raffle Act)

Specify number of occasions held 1 st month _____	_____
Specify number of occasions held 2 nd month _____	_____
Specify number of occasions held 3 rd month _____	_____
Total number of occasions conducted this quarter _____	_____

(Pursuant to New Mexico Bingo and Raffle Act)

Licensee Number: _____

Organization Name: _____

Playing Address: _____

City, State, Zip Code: _____

Licensee Mailing Address: _____

Provide the following information on the contact person/preparer of this report:

Name: _____

Phone Number/Cell Phone: _____

Fax Number (if applicable): _____

E-mail Address: _____

SECTION I

Gross Receipts:	Month of	Month of	Month of	Total Gross Receipts
Bingo (All games played)	\$	\$	\$	\$
Paper Pull Tabs	\$	\$	\$	\$
Raffles	\$	\$	\$	\$
Supplies (Dauber sales, etc.)	\$	\$	\$	\$
Promotional Play	\$	\$	\$	\$
Other Miscellaneous	\$	\$	\$	\$
Total Gross Receipts this Qtr:	\$	\$	\$	\$

TAX CALCULATION

Bingo, Raffle and Pull Tab tax rate (multiply total gross receipts x 0.5%)

Tax Due for Quarter:	Month of	Month of	Month of	Total Tax Due
	\$	\$	\$	\$

Per the New Mexico Bingo and Raffle Act, the Taxation and Revenue Department shall administer the tax imposed pursuant to the Taxation Administration Act. Please complete the Bingo and Raffle Tax form, RPD-41345 and mail your bingo tax payment to the New Mexico Taxation and Revenue Department at P.O. Box 25123, Santa Fe, New Mexico 87504.

SECTION II

Prizes Paid:	Month of	Month of	Month of	Total Prizes
Bingo	\$	\$	\$	\$
Paper Pull Tabs	\$	\$	\$	\$
Raffles	\$	\$	\$	\$
Total Prizes Paid this Qtr:	\$	\$	\$	\$

SECTION III

Complete the following checklist before signing and submitting report. Provide the following supporting documentation in order with the quarterly report form:

- Supplement #1 Part A (BR – 21)
- Supplement #1 Part B (BR – 022) (if applicable)
- Supplement #2 (BR – 023)
- Bank statements for operating account for the three months reporting period.
- Check images and deposit images for the three month reporting period.
- Copy of quarterly tax payment coupon sent to Taxation and Revenue for the reporting period.

Print and sign name of Highest Ranking Officer, Bingo Manager and Person Preparing Report in order to complete this form. Bingo Manager and the report preparer cannot be the same person.

1. I (Print Name), _____ do solemnly swear under penalty of perjury that the information contained herein is true and correct to the best of my knowledge and belief.

Signature of Person Preparing this Report

Date

2. I (Print Name), _____ do solemnly swear under penalty of perjury that the information contained herein is true and correct to the best of my knowledge and belief.

Signature of Bingo Manager

Date

3. I (Print Name), _____ do solemnly swear under penalty of perjury that the information contained herein is true and correct to the best of my knowledge and belief.

Signature of Highest Ranking Officer

Date

(NOTE: SIGNATURE STAMPS ARE NOT ALLOWED)