



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
BINGO CARD REFUND REQUEST

FS-92

(11/19/98)
2081

Organization:

Name: _____ License #: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Promotor:

Name: _____ License #: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Distributor:

Name: _____ License #: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Total of Value of Cards on Reverse Side		
Bingo Tax Refund Rate 12.21	12.21%	
Bingo Tax Refund Due		

I, _____ being an authorized representative of the above named organization and/or promoter request a refund of tax paid on bingo cards described on this document. These cards were purchased for use by the above **organization** and the above information is true and correct to the best of my knowledge.

_____/_____/_____
Print Name Title Date

Signature

I, _____ have received the bingo cards described on this document.

_____/_____/_____
Signature Title Date

_____/_____/_____
Signature (2 signatures required over \$1,000) Title Date

_____/_____/_____
Manager/Supervisor Signature Title Date

For Department Use Only:

Last Purchase	Date Paid	Other Liabilities	SC DOR Employee

