



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**CLASS "C" BINGO CARD
REFUND REQUEST**

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 from Worksheet Summary		
Bingo Tax Refund Rate 2.96	2.96%	
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

BINGO PAPER WORKSHEET SUMMARY

Organization _____ License # _____

Authorized Person: _____ I.D.: _____

Page Number	Face Value Total	DOR Use Only
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12 Card Face Value Total		Carry to Page 1.

