



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 7.40	7.40%	
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 Name: _____ 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

