

KANSAS DEPARTMENT OF REVENUE
**REPORT OF BINGO TRUST BANK ACCOUNT
AND CONSENT TO EXAMINE AND AUDIT ACCOUNT**

In compliance with K.S.A. 75-5179(j), _____,
Name of Organization

Bingo License No. _____, hereby notifies the Administrator of Charitable Gaming of the bingo trust bank account established by this organization on _____, 20____:

Account Name Account Number

Name of Bank or Savings and Loan

Address of Bank or Savings and Loan

On behalf of the above-named organization, I hereby authorize the above-named bank or savings and loan association to allow at any reasonable time any agent or investigator of the Kansas Secretary of Revenue to examine and audit the records of the aforementioned trust account.

Printed Name of Person Authorized to Make Withdrawals Date

Signature of Person authorized to make Withdrawals

Instructions

K.S.A. 79-5179(j) states:

Every licensee who has gross receipts of \$1,000 or more received from participation in games, admission fees or charges and from other sources directly related to the operation or conduct of any games of bingo in any calendar month shall maintain a bingo trust bank account into which all such receipts are deposited daily and from which all payments are made relating to the management, operation or conduct of any games of bingo.

If your organization is required by the above statute to maintain a bingo trust account, complete the above form and send to:

Kansas Department of Revenue
Division of Taxation
120 SE 10th Ave
PO Box 750680
Topeka KS 66625-0680

This form can be faxed to 785-296-4993. If you have questions call 785-368-8222 or go to our website at: <https://www.ksrevenue.gov/bustaxtypesbingo.html>.