



CG- MDQ, MANUFACTURER/DISTRIBUTOR QUARTERLY REPORT

State Form 51414 (R3 / 7-08)

INDIANA GAMING COMMISSION

INSTRUCTIONS: Due the 20th day of the month following the end of the quarter.

Name of manufacturer or distributor	Email address	Federal Identification number (FID)	
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Address (<i>number and street</i>)	City	State	ZIP code
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Check one (*if your organization holds both licenses, complete a quarterly report for each entity*)

Distributor Manufacturer

Quarterly Totals

Please indicate which quarter is being reported for your licensing period (*check one*): 1st 2nd 3rd 4th

Report all quarterly sales to Indiana licensed distributors or licensed qualified organizations.

- 1. Total sales of pull-tabs/punchboards/tip boards 1 _____
- 2. Total sales of bingo paper 2 _____
- 3. Total sales/leases of gaming equipment/devices 3 _____
- 4. Total amount of Indiana gross sales this quarter: add lines 1, 2 and 3 4 _____
- Distributors report total amount of excise tax remitted on sales to qualified organizations _____

Manufacturer/Distributor Information

List each organization and/or distributor merchandise was sold to this quarter. Attach additional sheets if necessary.

Organization or Distributor Name	Current Gaming License Number	Federal Identification Number (FID)

Mail completed return to:

Indiana Gaming Commission
Charity Gaming Division
 101 W. Washington St., East Tower, Suite 1600
 Indianapolis, IN 46204

Under penalties of perjury, I declare that the information I have furnished above is, to the best of my knowledge true, correct and complete.

Signature **Title** **Date** (*month, day, year*)

Printed name