

KANSAS DEPARTMENT OF REVENUE
BENEFICIARY ORGANIZATION ASSISTING WITH BINGO SESSION

Information on Licensed Organization

Bingo License Number _____

Name of Licensed Organization _____

Information on Beneficiary Organization

Name of Beneficiary Organization _____

Address of Organization _____

Street _____ City _____ State ____ Zip _____

Enter a description of how this organization became a beneficiary of your organization:

Enter a description of the mission or purpose of this organization:

Beneficiary President or Chairperson Information

Name _____

Address of President or Chairperson _____

Street _____ City _____ State ____ Zip _____

Daytime Phone Number _____

Name and address of members who will be helping with bingo sessions:

Name _____

Street _____ City _____ State ____ Zip _____

Name _____

Street _____ City _____ State ____ Zip _____

Name _____

Street _____ City _____ State ____ Zip _____

Name _____

Street _____ City _____ State ____ Zip _____

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>