



**Charitable Bingo Operations Division**  
**Prize Fee Summary for Multiple Playing Locations**

<b>ORGANIZATION/UNIT NAME:</b>		<b>CONDUCTOR OR ACCOUNTING UNIT FORMID 156</b>
<b>TAXPAYER #:</b>	<b>QUARTER:</b>	
<b>LICENSE #:</b>		

**WHO MUST USE THIS FORM:**  
 Organizations that conduct occasions in more than one county or municipality in a given quarter.

**HOW TO USE THIS FORM:**  
 Totals determined on this form for Prize Fees due to the State, County, Municipality or Retained for Charitable Distribution should be reported on the Quarterly Report.

**Submit this form with Quarterly Report FORMID 68, 69 or 131.**

**MAIL TO:** Charitable Bingo Operations Division  
 Texas Lottery Commission  
 P.O. Box 16630  
 Austin, Texas 78761-6630

**COURIER:** 1801 Congress Ave., Austin TX, 78701

**EMAIL:** bingo.services@lottery.state.tx.us

**FAX:** 512-344-5142

#	PLAYING LOCATION NAME	COUNTY	MUNICIPALITY
1			
2			
3			
4			
5			
6			

PLAYING LOCATION					PRIZE SUMMARY				PRIZE FEE ALLOCATION					
#	County	Municipality	Regular or Temporary Occasions	Number of Occasions Conducted	A. Total Prizes Paid Regular & Pull-Tab	B. Total Cash Prizes \$5 & Under	C. Total Non-Cash Prizes	D. Prize Subject to Prize Fees (A-B-C)	E. Total Prize Fee Due (D*0.05)	F. Percent Payable to State	G. Amount Payable to State (E*F)	H. Amount Payable to County	I. Amount Payable to Municipality	J. Amount Retained
1														
2														
3														
4														
5														
6														
<b>QUARTER TOTALS</b>														
					Above Totals Must Equal Quarterly Report Line #					Report Totals Above on Quarterly Report Line #				
Quarterly Report Line Numbers					1	8	8a1	8a2	8b	3a	3b	3c	3d	3e