



# RCOA-1-A Coin-Operated Amusement Device Schedule

License no. \_\_\_\_\_

## Read this information first

Do not write above this line.

- If you are ordering more decals than provided for here, **you may make additional copies of this schedule first.** Attach all completed schedules to your original Form RCOA-1.
- Computer-generated versions of this schedule are acceptable if the information is in the same format as our department generated schedule.
- You must attach Form RCOA-1-A, Coin-Operated Amusement Device Schedule to your completed Form RCOA-1. Mail your completed Form RCOA-1, Forms RCOA-1-A, and payment to: **Illinois Department of Revenue, P.O. Box 19019, Springfield, Illinois 62794-9019.**

## Step 1: Identify your business

- 1 Name: \_\_\_\_\_ 2 Date : \_\_\_/\_\_\_/\_\_\_\_\_
- 3 Illinois Business Tax number (IBT no.): \_\_\_\_\_ - \_\_\_\_\_ 4 Federal Employer Identification number (FEIN): \_\_\_ - \_\_\_\_\_
- 5 Social Security number (SSN) if you do not have a FEIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Step 2: Tell us about each machine, its owners, and location

- We cannot issue a decal until Columns A through F are completed for each machine for which you are ordering decals. We cannot process your Form RCOA-1-A unless all information is properly completed. Failure to attach a completed schedule to Form RCOA-1, may result in a penalty and seizure of your unlicensed machines.
- If a machine has more than two owners, attach an additional sheet listing all owners and their addresses, in addition to the information requested in Columns A, B, C, and F.
- If the owner of a machine changes, you must file a revised Schedule RCOA-1-A listing the information for that machine.

A Type of machine	B Serial number	C Date	D Owner(s) name	E Owner's address (Number and street, City, state, ZIP)	F Name and either IBT no. or address of the business where machine is located
1 Video games: Indicate amusement or simulated gaming.	or Distributor I.D. # (if permanently attached)	Date (Date machine was or will be displayed or operated)			
_____	_____	___/___/___	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____

## Step 2: Tell us about each machine, its owners, and location (continued)

A Type of machine	B Serial number	C Date	D Owner(s) name	E Owner's address	F Name and either IBT no. or address
<b>Video games:</b> Indicate amusement or simulated gaming.	or Distributor I.D. # (if permanently attached)	(Date machine was or will be displayed or operated)		(Number and street, City, state, ZIP)	
5 _____	_____	__ / / ____	_____	_____	_____
6 _____	_____	__ / / ____	_____	_____	_____
7 _____	_____	__ / / ____	_____	_____	_____
8 _____	_____	__ / / ____	_____	_____	_____
9 _____	_____	__ / / ____	_____	_____	_____
10 _____	_____	__ / / ____	_____	_____	_____
11 _____	_____	__ / / ____	_____	_____	_____
12 _____	_____	__ / / ____	_____	_____	_____

## Step 2: Tell us about each machine, its owners, and location (continued)

A Type of machine	B Serial number	C Date	D Owner(s) name	E Owner's address (Number and street, City, state, ZIP)	F Name and either IBT no. or address of the business where machine is located
Video games: Indicate amusement or simulated gaming.	or Distributor I.D. # (if permanently attached)	(Date machine was or will be displayed or operated)			
13 _____	_____	__/__/____	_____	_____	_____
14 _____	_____	__/__/____	_____	_____	_____
15 _____	_____	__/__/____	_____	_____	_____
16 _____	_____	__/__/____	_____	_____	_____
17 _____	_____	__/__/____	_____	_____	_____
18 _____	_____	__/__/____	_____	_____	_____
19 _____	_____	__/__/____	_____	_____	_____
20 _____	_____	__/__/____	_____	_____	_____

## Step 2: Tell us about each machine, its owners, and location (continued)

A Type of machine	B Serial number	C Date	D Owner(s) name	E Owner's address	F Name and either IBT no. or address
<b>Video games:</b> Indicate amusement or simulated gaming.	or Distributor I.D. # (if permanently attached)	(Date machine was or will be displayed or operated)		(Number and street, City, state, ZIP)	
21 _____	_____	__ / / ____	_____	_____	_____
22 _____	_____	__ / / ____	_____	_____	_____
23 _____	_____	__ / / ____	_____	_____	_____
24 _____	_____	__ / / ____	_____	_____	_____
25 _____	_____	__ / / ____	_____	_____	_____
26 _____	_____	__ / / ____	_____	_____	_____
27 _____	_____	__ / / ____	_____	_____	_____