



**Division of Charitable Gaming**  
 BC-9 Financial Statement of Bingo Operations  
 (Limited Period Bingo)

**Instructions:** Prepare report in duplicate. Within 15 days after each occasion, send original to the NYS Gaming Commission, a copy to the clerk of the municipality and retain one copy for your files.

<b>Bingo Identification Number:</b> _____	<b>Municipal License Number:</b> _____
<b>Name of Organization:</b> _____	
<b>Street Address:</b> _____	
<b>City, Town or Village (circle one):</b> _____	<b>Zip Code:</b> _____
<b>Phone Number:</b> _____	

Address where bingo is conducted, if different:

Street Address	Municipality	Zip	County
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Date of Occasion	Hours of Occasion	THIS OCCASION	TOTAL FROM LAST REPORT	TOTAL TO DATE
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			Date _____	
		a	b	c

A. NUMBER OF OCCASIONS	_____	_____	_____
B. NUMBER OF GAMES PLAYED	_____	_____	_____
C. RECEIPTS			
1. Total Cards Sold ( _____ at _____ each)	_____	_____	_____
D. EXPENDITURES - ( <i>Show only payments actually made</i> )			
1. Prizes (Exclude value of donated prizes)	_____	_____	_____
2. Equipment (List in Schedule 1)	_____	_____	_____
3. Rent (Show in Schedule 1)	_____	_____	_____
4. Services (List in Schedule 1)	_____	_____	_____
5. License Fee (Show in Schedule 1)	_____	_____	_____
6. Other Expenses (List in Schedule 1)	_____	_____	_____
7. Total Expenditures (Items 1 to 6)	_____	_____	_____
E. NET PROFIT OR (LOSS)			
1. Profit (or Loss) Before Additional License Fee	_____	_____	_____
2. Additional License Fee (Show in Schedule 1)	_____	_____	_____
3. Net Profit (or Loss)	_____	_____	_____

**SCHEDULE 1 EXPENDITURES** (List all payments summarized in Items 2 to 6, Part D and Item 2 Part E.)

Check No.	Description of Expenditure	Name & Address of Payee	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Cards Purchased From: \_\_\_\_\_  
Name
Address
Supplier License Number

Number of cards on hand at beginning of this occasion \_\_\_\_\_  
 Subtract the number of cards sold during this occasion \_\_\_\_\_  
 Number of cards on hand at end of this occasion \_\_\_\_\_

List serial numbers of each carton of cards purchased \_\_\_\_\_  
 \_\_\_\_\_

This occasion was inspected by a State Investigator \_\_\_\_\_ Municipal Investigator \_\_\_\_\_  
 If so, give Name(s) \_\_\_\_\_

**F. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS:**

1. If this is organization's first occasion, give opening balance, if any, in the **Special Bingo Account:** \$ \_\_\_\_\_  
 Source of Opening balance: \_\_\_\_\_
2. Unexpended balance of net proceeds shown on last report: \$ \_\_\_\_\_
3. Net Profit (or Loss) from this occasion (*Part E, Item 3*): \$ \_\_\_\_\_
4. Interest earned on net proceeds on deposit in interest bearing account(s): \$ \_\_\_\_\_
5. Other deposits into Special Bingo Account: \$ \_\_\_\_\_  
 Explanation: \_\_\_\_\_
6. Total Net proceeds (*Add Items 1 through 5*): \$ \_\_\_\_\_

7. Disbursements of Net Proceeds since last report: (Attach additional sheets if necessary)

Date	Check No.	Description of Disbursements	Name & Address of Payee	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

7. Total Disbursements: \$ \_\_\_\_\_

8. Unexpended balance of net proceeds (Item 6 less Item 7): \$ \_\_\_\_\_

9. Name and address of bank where special bingo account is maintained:  
 \_\_\_\_\_

Title of Account: \_\_\_\_\_

10. Transfers made of net proceeds into interest bearing account(s) \$ \_\_\_\_\_  
 Account number, name and address of bank where account is maintained: (Amount must be included in Item 8, above)

\_\_\_\_\_  
 \_\_\_\_\_

11. Name, address and phone number of member responsible for use of proceeds: \_\_\_\_\_  
 \_\_\_\_\_

G. MEMBERS CONDUCTING GAMES

NAME AND ADDRESS OF MEMBER IN CHARGE                      NAME AND ADDRESS OF CALLER                      NAME AND ADDRESS OF CALLER'S ASSISTANT

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

H. DECLARATION:                      This Declaration must be completed.

I declare, subject to the penalties of perjury, that I was the Member in Charge of the bingo occasion conducted by the licensee herein on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. That I personally supervised the said occasion, that I have read the foregoing statement and know the contents thereof; that this statement is true to the best of my knowledge and belief.

Signed: \_\_\_\_\_                      Print: \_\_\_\_\_                      Date: \_\_\_\_\_