



## **NYCRR Title 9, Executive**

### **Subtitle T**

#### **New York State Gaming Commission**

##### **Chapter II**

##### **Division of Charitable Gaming**

##### **Appendices**

##### **Appendix T-1**

##### **Appendix T-2**



**Appendix T-1**

BINGO (of, § 8821.13)  
 EXHIBIT 1

19

CASH RECEIPTS, MONTH OF \_\_\_\_\_

(1) Date of Occasion	(2) Number of Players	(3) Bingo Receipts (BC-7 Part A.1) (BC-7 Part A.2)	(4) Sale of Supplies (BC-7 Part A.2)	(5) Other Receipts (BC-7 Part A.3)	(6) Description of Other Receipts	(7) Total Receipts (BC-7 Part A.4) (Total of Columns 3 to 6)	(8) Bingo Funds Used For Cash Bank (BC-7 Part D)	(9) Prizes (BC-7 Part B.1)	(10) Amount of Deposit (Column 7 Plus 8 Less Column 9)	(11) Date of Deposit
Top of Page										
Bottom of Page										
(To be carried forward to following month until calendar or fiscal year end)										
Bottom of Page										
Total for month										
Brought forward from prior months										
Total to Date										





Appendix T-1

CASH DISBURSEMENTS MONTH OF \_\_\_\_\_ 19\_\_

(1) Date Paid	(2) Check No.	(3) Payee	(4) Amount of Check	(5) Equipmt. and Supplies <small>(Amounts shown in columns 5, 6, 7, &amp; 8 or 11 should be the same as shown in Column 4)</small>	(6) Rent	(7) Services	(8) License Fees	(9) Other Expenses	(10) Description of Other Expenses and Disbursements of Net Proceeds	(11) Net Proceeds
Top of Page										
Bottom of Page										



Appendix T-2

**GC-7 FINANCIAL STATEMENT OF GAMES OF CHANCE OPERATIONS**  
 (Please Print or Type)

INSTRUCTIONS: Prepare report in duplicate. With No. 7 days after each license period, send original in check of municipality, send one copy to N.Y.S. Racing and Wapping Board, Bureau of Games of Chance Regulation, Two World Trade Center, New York, New York 10037, and retain one copy for your files.

	<b>Examined By</b> (Office Use Only)	<b>I.D. NO.</b>	
		<b>LIC. NO.</b>	
<b>Name of Organization</b>	<b>Address Where Played If Different</b>	<b>Date of License Period</b>	
<b>Street Address</b>		<b>Number of Players</b>	
<b>Municipality</b> <b>County</b> <b>Zip Code</b>	<b>Hours of License Period</b>	<b>Number of Types of Games</b>	

**A. RECEIPTS —**

1. Games of Chance Receipts (Form GC-7B must be completed and attached) .....

2. Other Receipts (Rent, etc.) .....

3. Total Receipts (Add Items 1 and 2) .....

**B. EXPENDITURES — (Show only payments actually made)**

1. Total Prizes .....

Describe Expenditure	Payee	Check No.
2. Rent .....	.....	.....
3. License Fee .....	.....	.....
4. Games of Chance .....	.....	.....
Equipment and Supplies .....	.....	.....
5. Services .....	.....	.....
6. Other .....	.....	.....
Expenses .....	.....	.....

7. Total Expenditures .....

**C. NET PROFIT OR (LOSS)**

1. Profit or (Loss) Before Additional License Fee (Item 3 Part A less Item 7 Part B) .....

2. Additional License Fee (LIST CHECK NUMBER .....) .....

3. Net Profit or (Loss) (Item 1 less Item 2) .....

**D. GAME BANK FUND**      Payee      Check No.      Amount

(Memo Entry Only) .....

**E. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS —**

1. If this is organization's first occasion, give opening balance, if any, in the Special Games of Chance Account .....

    Source of opening balance .....

2. Unexpended balance of net proceeds shown on last report .....

3. Net profit or (loss) from this occasion (Part C, Item 3) .....

4. Interest earned on net proceeds on deposit in interest bearing account(s) .....

5. Other deposits into or adjustments in Special Games of Chance Account .....

    Explanation .....

6. Total net proceeds (add items 1 through 5) .....

Date	Check No.	Description of Disbursements	Name and Address of Payee	Amount

7. Total Disbursements .....

8. Unexpended balance of net proceeds (Item 6 less Item 7) .....



Appendix T-2

F. Reconciliation of Unexpended Balance (To be Completed Monthly— Upon receipt of Monthly Bank Statement)
Depository Name of Bank Account No. Reconciled Balance
1) Checking
2) Savings
3) Other
Total (Must be the same as line E-8—Unexpended Balance)
G. Officer responsible for use of proceeds
Name Address Phone No.
H. Head of Organization (President, Pastor, Commander, etc.)
Name Address Phone No.
I. Member in Charge
Name Address Phone No.
J. Members Assisting at Games (Attach schedule if more space is needed)
NAME ADDRESS
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.
K. Prepared By: Address Phone No.
THIS DECLARATION MUST BE COMPLETED
I declare, subject to the penalties of perjury, that I was the Member in Charge of the Games of Chance License
period conducted by the licensee herein on the.....day of....., 19..... That I personally
supervised the said occasion, that I have read the foregoing statement and attachments and know the contents thereof,
that they are true to the best of my knowledge and belief.
Date..... Signed.....
(SY JAN. 1977)



**Appendix T-2**

GC-7B CASH CONTROL REPORT (Page 1) GAMES OF CHANCE

Organization: \_\_\_\_\_ ID. NO. \_\_\_\_\_ Date of License Period: \_\_\_\_\_

Type of Game No. 1	Type of Game No. 2	Type of Game No. 3	Type of Game No. 4	Type of Game No. 5	CONTROL SUMMARY PROFIT OR (LOSS)																									
Number of Locations	Number of Locations	Number of Locations	Number of Locations	Number of Locations																										
Starting Bank _____	Starting Bank _____	Starting Bank _____	Starting Bank _____	Starting Bank _____	A. Game No. 1 _____																									
Ending Bank _____	Ending Bank _____	Ending Bank _____	Ending Bank _____	Ending Bank _____	B. Game No. 2 _____																									
Profit or (Loss) _____ (A)	Profit or (Loss) _____ (B)	Profit or (Loss) _____ (C)	Profit or (Loss) _____ (D)	Profit or (Loss) _____ (E)	C. Game No. 3 _____																									
ENTER PROFIT OR (LOSS) FOR EACH TYPE OF GAME ON CORRESPONDING LINE OF CONTROL SUMMARY					D. Game No. 4 _____																									
<table border="1"> <thead> <tr> <th>WORKERS</th> <th>WORKERS</th> <th>WORKERS</th> <th>WORKERS</th> <th>WORKERS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					WORKERS	WORKERS	WORKERS	WORKERS	WORKERS																					E. Game No. 5 _____
					WORKERS	WORKERS	WORKERS	WORKERS	WORKERS																					
Net Profit or (Loss) _____					(Enter on Line A-2 of GC-7)																									
Prepared By _____					(Rev. June 1978)																									

Page 2 Merchandise Wheels

Merchandise Wheel No. 1	Merchandise Wheel No. 3	Merchandise Wheel No. 5	CONTROL SUMMARY PROFIT OR (LOSS)
Receipts (Less change bank)	Receipts (Less change bank)	Receipts (Less change bank)	
Less: Value of Mdee. Awarded _____	Less: Value of Mdee. Awarded _____	Less: Value of Mdee. Awarded _____	A. Misc. Wheel No. 1 _____
Profit or (Loss) _____ (A)	Profit or (Loss) _____ (E)	Profit or (Loss) _____ (I)	B. Misc. Wheel No. 2 _____
Merchandise Wheel No. 2	Merchandise Wheel No. 6	Merchandise Wheel No. 10	C. Misc. Wheel No. 3 _____
Receipts (Less change bank) _____	Receipts (Less change bank) _____	Receipts (Less change bank) _____	D. Misc. Wheel No. 4 _____
Less: Value of Mdee. Awarded _____	Less: Value of Mdee. Awarded _____	Less: Value of Mdee. Awarded _____	E. Misc. Wheel No. 5 _____
Profit or (Loss) _____ (B)	Profit or (Loss) _____ (F)	Profit or (Loss) _____ (J)	F. Misc. Wheel No. 6 _____
Merchandise Wheel No. 3	Merchandise Wheel No. 7	Merchandise Wheel No. 11	G. Misc. Wheel No. 7 _____
Receipts (Less change bank) _____	Receipts (Less change bank) _____	Receipts (Less change bank) _____	H. Misc. Wheel No. 8 _____
Less: Value of Mdee. Awarded _____	Less: Value of Mdee. Awarded _____	Less: Value of Mdee. Awarded _____	I. Misc. Wheel No. 9 _____
Profit or (Loss) _____ (C)	Profit or (Loss) _____ (G)	Profit or (Loss) _____ (K)	J. Misc. Wheel No. 10 _____
Merchandise Wheel No. 4	Merchandise Wheel No. 8	Merchandise Wheel No. 12	K. Misc. Wheel No. 11 _____
Receipts (Less change bank) _____	Receipts (Less change bank) _____	Receipts (Less change bank) _____	L. Misc. Wheel No. 12 _____
Less: Value of Mdee. Awarded _____	Less: Value of Mdee. Awarded _____	Less: Value of Mdee. Awarded _____	Net Profit or (Loss) _____
Profit or (Loss) _____ (D)	Profit or (Loss) _____ (H)	Profit or (Loss) _____ (L)	(Enter on line A-3 of GC-7)
ENTER PROFIT OR (LOSS) FOR EACH MERCHANDISE WHEEL ON CORRESPONDING LINE OF CONTROL SUMMARY			







Appendix T-2

GC-7Q QUARTERLY STATEMENT OF BELL JAR OPERATIONS
FOR QUARTER: FROM: TO:

INSTRUCTIONS: Prepare report in triplicate. Within 15 days after the end of each calendar quarter, send original to the Clerk of the Municipality, one copy to the appropriate Regional Office of the NYS Racing and Wagering Board and retain one copy for your files. Where applicable, a copy shall be submitted to the Chief Fiscal Officer of the County.

Table with 2 columns: I.D. No., L.T.C. No.

Name and address of organization:

Municipality: County:

A. RECEIPTS-

1. Cumulative Profit or (Loss) from reverse side

B. EXPENDITURES-

- 1. Regular License Fee (To be reported once per year)
2. Total Cost of Baa's (Report check numbers, amounts and payees
3. Services (on a separate attached sheet.)
4. Total Expenditures (Add items 1, 2 and 3)

C. NET PROFIT or (LOSS)-

- 1. Profit or (Loss) before additional license fee (Part A1 less Part B4)
2. Additional License Fee
3. Total Net Profit or (Loss) (Item 1 less item 2)

D. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS-

- 1. Unexpended Balance of Net Proceeds shown on last report (Part G of CG-7Q)
2. Net Profit or (Loss) from this period (Part C3 above)
3. Interest earned on net proceeds on deposit in interest bearing account(s)
4. Adjustments - Explanation
5. Total Net Proceeds (Add items 1 through 4)

E. List all disbursement checks of net proceeds drawn on special checking account other than those included in Part B (Expenditures), since last GC-7Q report. (Attach schedule if more space is needed.)

Table with 5 columns: DATE, CHECK NO., DESCRIPTION, NAME AND ADDRESS OF PAYEE, AMOUNT

F. Total amount of checks

G. Unexpected balance of net proceeds (Part D5 less Part F)

H. Member in charge:

Name: Address: Phone No.

I. Head of organization:

Name: Address: Phone No.

J. Prepared by:

Name: Address: Phone No.

THIS DECLARATION MUST BE COMPLETED
I declare, subject to the penalties of perjury, that I am the head of the licensee organization herein. That I personally supervised the preparation of this statement, that I read the foregoing statement and attachments and know the contents thereof, that they are true to the best of my knowledge and belief.

Date: Signed:



**Appendix T-2**

Deal No. 1 Serial No. _____			Deal No. 5 Serial No. _____			Deal No. 9 Serial No. _____			CONTROL SUMMARY
Name of Deal _____			Name of Deal _____			Name of Deal _____			
No. of Tickets @ = _____			No. of Tickets @ = _____			No. of Tickets @ = _____			Profit or (Loss)
No. of unsold tickets _____			No. of unsold tickets _____			No. of unsold tickets _____			
RECEIPTS (Tickets sold)..... _____			RECEIPTS (Tickets sold)..... _____			RECEIPTS (Tickets sold)..... _____			A. Deal No. 1 _____
Less: Prizes awarded..... _____			Less: Prizes awarded..... _____			Less: Prizes awarded..... _____			
Profit or (Loss)..... _____			Profit or (Loss)..... _____			Profit or (Loss)..... _____			B. Deal No. 2 _____
(A)			(E)			(I)			C. Deal No. 3 _____
Deal No. 2 Serial No. _____			Deal No. 6 Serial No. _____			Deal No. 10 Serial No. _____			D. Deal No. 4 _____
Name of Deal _____			Name of Deal _____			Name of Deal _____			E. Deal No. 5 _____
No. of Tickets @ = _____			No. of Tickets @ = _____			No. of Tickets @ = _____			F. Deal No. 6 _____
No. of unsold tickets _____			No. of unsold tickets _____			No. of unsold tickets _____			G. Deal No. 7 _____
RECEIPTS (Tickets sold)..... _____			RECEIPTS (Tickets sold)..... _____			RECEIPTS (Tickets sold)..... _____			H. Deal No. 8 _____
Less: Prizes awarded..... _____			Less: Prizes awarded..... _____			Less: Prizes awarded..... _____			I. Deal No. 9 _____
Profit or (Loss)..... _____			Profit or (Loss)..... _____			Profit or (Loss)..... _____			J. Deal No. 10 _____
(B)			(F)			(J)			K. Deal No. 11 _____
Deal No. 3 Serial No. _____			Deal No. 7 Serial No. _____			Deal No. 11 Serial No. _____			L. Deal No. 12 _____
Name of Deal _____			Name of Deal _____			Name of Deal _____			Cumulative Profit or (Loss) _____
No. of Tickets @ = _____			No. of Tickets @ = _____			No. of Tickets @ = _____			
No. of unsold tickets _____			No. of unsold tickets _____			No. of unsold tickets _____			Enter on Line A-1 on reverse side, Use additional sheets if more than 12 deals are sold.
RECEIPTS (Tickets sold)..... _____			RECEIPTS (Tickets sold)..... _____			RECEIPTS (Tickets sold)..... _____			
Less: Prizes awarded..... _____			Less: Prizes awarded..... _____			Less: Prizes awarded..... _____			
Profit or (Loss)..... _____			Profit or (Loss)..... _____			Profit or (Loss)..... _____			
(C)			(G)			(K)			
Deal No. 4 Serial No. _____			Deal No. 8 Serial No. _____			Deal No. 12 Serial No. _____			
Name of Deal _____			Name of Deal _____			Name of Deal _____			
No. of Tickets @ = _____			No. of Tickets @ = _____			No. of Tickets @ = _____			
No. of unsold tickets _____			No. of unsold tickets _____			No. of unsold tickets _____			
RECEIPTS (Tickets sold)..... _____			RECEIPTS (Tickets sold)..... _____			RECEIPTS (Tickets sold)..... _____			
Less: Prizes awarded..... _____			Less: Prizes awarded..... _____			Less: Prizes awarded..... _____			
Profit or (Loss)..... _____			Profit or (Loss)..... _____			Profit or (Loss)..... _____			
(D)			(H)			(L)			



**Appendix T-2**

CASH RECEIPTS: MONTH OF \_\_\_\_\_ 19\_\_\_\_.

Date of License Period	Admissions Receipts (if fee is charged) (GC-7 Part A-1)	Games other than Misc. Wheels Receipts (net) (GC-7 Part A-2)	Merchandise Wheels Receipts (net) (GC-7 Part A-3)	Total Receipts (net) (GC-7 Part A-4)	Amounts of Deposit	Date of Deposit
(1)	(2)	(3)	(4)	(5) Total of Columns 2 To 4	(6)	(7)
<b>Total for Month</b>						
<b>Brought Forward From Prior Month (s)</b>						
<b>Total to Date</b>						

( To be carried forward to following month until calendar or fiscal year) (ST June 1978)



**Appendix T-2**



CASH DISBURSEMENTS: MONTH OF \_\_\_\_\_ 19\_\_\_\_

Date Paid	Check No.	Payee	Amount of Check	Equipmt. and Supplies	Rent	Services	License Fees	Other Expenses	Description of Disbursements Listed in Columns 9 and 11	Disb. of Net Proceeds	Cash Bank
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	Part (ii) of GC-7	(12)
(Amounts shown in columns 5, 6, 7, 8, 9, 11 and 12 should be the same as shown in Column 4)											
Totals For Month											
Brought Forward From Prior Month(s)											
Totals to Date											

(ST June 1978) (To be carried forward to following month until calendar or fiscal year)



**Appendix T-2**

CASH RECEIPTS MONTH OF \_\_\_\_\_ 19 \_\_\_\_\_

WEEK ENDING	BELL JAR RECEIPTS	AMOUNT OF DEPOSIT	DATE OF DEPOSIT
(1)	(2)	(3)	(4)
Total for month			
Brought forward from prior month(s)			
Total to date			

*(To be carried forward to following month until calendar or fiscal year)*

CASH DISBURSEMENTS: Month of \_\_\_\_\_ 19 \_\_\_\_\_

Date Paid	Check No.	Payee	Amount of Check	Supplies	Services	License Fees	Description of Disbursement listed in column 9	Disb. of Net Proceeds GC-7Q Part E	Cash bank
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
				<i>(Amounts shown in columns 5, 6, 7, 9 and 10 should be the same as shown in column 4)</i>					
Totals for month									
Brought forward from prior month(s)									
Totals to date									

*(To be carried forward to following month until calendar or fiscal year.)*