

NYCRR Title 9, Executive

Subtitle T

New York State Gaming Commission

Chapter II

Division of Charitable Gaming

Appendices

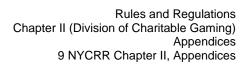
Appendix T-1

Appendix T-2

updated (6/24)



. и		BINGO (of	\$ 5821 BIT 1	i.18) ·	ı	ı	1	
	Date of Deposit	Ê	}					1
	Amount of Deposit	(Column 7 Plas		. "Appragatora», "				
	Prizes (BC-7 Part B1)	(6)						
	Burgo Funds Used For Cash Bank	.						
	Total Recepts	(7) Total of Column 3 to 6:					ı pu	
OF .	Description of Other Receipts	<u> </u>	Top of Page				or fiscal year e	Bottom of Page
S. MONTH	Other Receipts	3					until calendar	
CASH RECEIPTS MONTH OF	Sale of Supplies (BC:7 Pag A2)						diowing month	
CAS	Bingo Receipts	ଟି					(To be carried forward to following month until calendar or fiscal year and I	
	Number of Players	ā					(To be carrie	
	Date	ē	}		Total for	Brought forward free, prior months	Tetal to Date	







	Net Proceeds	(II)	,			-		}					
	Description of Other Expenses and Dis- bursements of Net Proceeds	(10)	*										
13	Other Expenses	<u>e</u>	(Ameunity shown in Columns 5, 5, 7, 8, 9 or 11 should be the same as shown in Column 4)					}				sach year)	
	License Fees	(8)	5, 7, 8, 9 o									ec. Mat of	
	Services	6	columns 5, in Column						•			oth until D	
NTH OF	Rent	9)	s as shown in			}	Top of Page	}				Nowing me	Bottom of Page
ENTS MO	Equipmt. and Supplies	(2)	(Amount the sam			 -	r	}				rward to fo	Bot
CASH DISBURSEMENTS MONTH OF	Amount of Cheek	(F)	-	,		 -		{				(To be carried forward to following month until Dec. 31st of each year)	
CASE D	Payee	ଡି	-						•	Totals for month	Brought forward from prior month(s)	Totals to Date (To b	
	Check No.	ଥି						}		,		1	
	Date Paid	3			•								



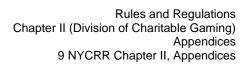
METHOLOGISHE TYPEATH PROPER IN SPECIAL WINNS T days after said Sainces and special sizes of membranty, and act orange of the Saince and Verpucing Saint, Saince of Clauses of Charme Republics, Two World reads County, New York, New York 1947, and solute one 1277 for your New.	Exercised By (Office Use Only)	I. O. NO.	
	(Ouce des only)	LIC. NO.	
· ·	Address Where Ph	yed if Different	Date of License Perio
lame of Organization	,		Number of Players
iraet Addresa			· · · · · · · · · · · · · · · · · · ·
Runfolpstity County Zip Code	Hours of License F	erlod	Number of Types of Gam
A RECEIPTS—			
Games of Chance Receipts (Form GC-78 must be com	oleted and silectri	d1	
2. Other Receipts (Rent. etc.)			
3. Total Receipts (Add (Iems 1 and 2)			
B. EXPENDITURES (Show only payments actually made			<u> </u>
1. Total Prizes			
Describe Expenditure	Payde	Check No	
2. Rent			
3. Ucansa Fee			
4. Games of Chanco	,		
Equipment and Supplies			
5. Services			
6. Other ,	,,,,,,		
Expenses			
••••			··· <u></u>
7. Total Expenditures			ĺ
C. NET PAOFIT OR (LOSS)			
1. Profit or (Loss) Before Additional License Fee (Item	3 Part A less Bar	97 Part B)	
2. Additional License Fee (LIST CHECK NUMBER			
3. Net Profit or (Loss) (kem 1 less item 2)			
D. GAME BANK FUND Payer	Check No.	Amount	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(Memo Entry Only)			
E. DISPOSITION OF AND ACCOUNTING FOR NET PROCE	EDS		
If this is organization's first occasion, give opening Chance Account			•••
Source of opening balance			_
2. Unexpended balance of net proceeds shown on lax	•		
	3)		*****
3. Not profit or (loss) from this occasion (Part C, Hem			
4. Interest earned on net proceeds on deposit in Interes			
Interest earned on net proceeds on deposit in Interest. Other deposits into or adjustments in Special Games.			
4. Interest earned on net proceeds on deposit in Interes			
Interest earned on net proceeds on deposit in Intere Other deposits into or adjustments in Special Games Explanation	of Chance Accor	ınt	
Interest earned on net proceeds on deposit in Interest. Other deposits into or adjustments in Special Games.	of Chance Accor	ınt	······································



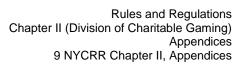
	ended Balance (To be Completed	Montfuly — Upon receipt of	Monthly Bank Statement)
Depository	Name of Bank	Account No.	Recordied Balance
1) Checking			
2) Savings			
3) Other			
	ame sa line E-8 Unexpended B	Manca) .	
G. Officer responsible for un Name	Address Address		Phone No.
	resident, Pastor, Commander, etc.)		Phone No.
Name	Address		Phona No.
I. Member in Charge			,
Name	Address		Phone No.
J. Members Assisting at (ames (Atlach scheduse if more:	Pace is needed)	
		nuuncoo	
1.			
2.			
3.	-		
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	···-		
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22.			
23.			,
24.			
25.			
K. Prepared By:	Address		Phone No.
i declare, subject to	THIS DECLARATION Method penalties of perjury, that I was		the Games of Chance License
enbacking the said occasi	censee herein on the on, that I have read the foregoing at of my knowledge and belief.	day of	. , 19 That I personally and know the contents thereof,
Date	··	Signad	
(ST JAN. 1977)			



CIVALIS DAIL	GC-7B CASH CONTROL	REPORT (Page L) G	AMES OF CHANCE				
No. 1 No. 2 No. 3 No. 4 No. 5 CONTROL SURPREY Number of Locations Rumber of Locations Locations Locations Locations PROFIT OR (LOSS) Starting Bank Starting Runk Starting Bank Starting Bank Starting Bank Ending Runk Endin	Organization:		ID. NO.	Date of L	icense Period:		
Locations Locati	Type of Came	Type of Game No. 2			Type of Gime No. 5		CONTROL SUMMARY
Ending Bank	Number of I	Number of Locations					PROFIT OR (LOSS)
Ending Bank	Starting Bank :	Starting Bank	Starting Bank	Starting Bank	Starting Bank		A, Game No. 1
ENTER PROFIT OR (LOSS) FOR EACH TYPE OF CAME ON CORRESPONDING LINE OF CONTROL SUMMARY WORKERS WORKERS WORKERS WORKERS WORKERS Frepared by			Ending Bank	Ending Bank	Ending Sank		B. Came No. 2
ENTER PROFIT OR (LOSS) FOR EACH TIPE OF CAME ON CORRESPONDING LINE OF CONTROL SURMARY Not Profit or (Loss) WORKERS WORKERS WORKERS WORKERS WORKERS WORKERS E. Game No. 5 Not Profit or (Loss) (Character on Line A-2 of GC-7) Prepared By	Profit or (Loss)	Profit or (Loss)	Profit or (Loss)	Profit or (Loss)	Profit or (Loss)		C. Came No. 3
ENTER PROFIT OR (LOSS) FOR EACH TYPE OF CAME ON CORRESPONDING LINE OF CONTROL SUMMARY Not Profit or (Loss) Frepered Sy	(A)	(3)	(0)	(0)		(E)	D. Came Bo. 4
WORKERS WORKERS WORKERS WORKERS WORKERS GC-7) Ret Profit er (Lose) (Enter on Line A-2 of GC-7) Prepared Sy			t	1		- 1	E. Game No. S
WORKERS WORKERS WORKERS WORKERS GC-7) Prepared by	ENTER PROFIT OR	(LOSS) FOR EACH TYPE	OP GAME ON CORRESPONDI	ING LINE OF CONTROL SUR	gasy		er (Lose)
	WORKERS .	WORKERS	WORKERS	WORKERS	WORKERS	:	
			1		1		
			· -	•	 		
							<u> </u>
					1		1
(Rev. June 1978)							Prepared By
(Rev. June 1978)							
							(Rev. June 1978)
Page 2 Merchandise Wheels							···
Marchandise Wheel No. 1 Marchandise Wheel No. 5 Merchandise Wheel No. 9 CONTROL SUMMARY Receipts (Less change bank) Receipts (Less change bank) PROPER OR (LOSS)							
Receipts (Less change bank) Receipts (Less change bank) Receipts (Less change bank) FROFIT OR (LOSS) Less: Value of Mdsc. Awarded Lags: Value of Mdsc. Awarded A. Misc. Wheel No. 1						1 100	
Profit or (Loss) Profit or (Loss) Profit or (Loss) 3. Mdge. Wheel No. 2				_		!	
(A) (E) (I) C. Mise, Wheel No. 3_					4-1-		-
Nerchandise Wheel No. 2 Merchandise Wheel No. 6 Merchandise Wheel No. 10 D. Mist. Wheel No. 4	Merchandise Wheel No. :	2 Mernhandi	se Wheel No. 6	Merchandige Wheel N	re. 10	D. Mah	se. Wheel No. 4
Receipts (Less change bank Receipts (Less change bank) Receipts (Less change bank) E. Mise. Wheel No. 5						E. Ma	se. Wheel No. 5
Loss: Value of Mdsc. Awarded Lass; Value of Mdsc. Awarded Lass; Value of Mdsc. Awarded F. Mdsc. Wheel No. 6				-1	Awarded		
Profit or (Loss) Profit or (Loss) Frofit or (Loss)	Profit or (Loss)	Profit or	(Loss)	Profit or (Lose)	1		
(B) (F) (J) H. Mise. Wheel No. 8		(a)	(F)		(1)		
Merchandise Wheel No. 3 Merchandise Wheel No. 7 Merchandise Wheel No. 10	Merchandise Wheel No. 3	Merchandi.	sa Wheel No. 7	Merchandiss Phys. 1	o. 11		
Receipts (Less change bank) Receipts (Less change bank) Receipts (Less change bank) K. Misc. Wheel No. 11	Receipts (Less change b	enk) Receipts	(Less change bank)	Faceipts (Lees chan	ge bank)		
Lags: Value of Mdsc, Awarded Lass: Value of Mdsc. Awarded Lass: Value of Mdsc. Awarded L. Mdsc. Wheel No. 12	Less: Value of Hise, Ave	rdedLess:Value	of Hise. Awarded	lass:Value of Mdsc.	Awarded	L. Hd	se. Wheel No. 12
Profit or (Loss) Profit or (Loss) Profit or (Loss)	Profit or (Loss)	-		Frofit or (Loss)			
(C) (K) Het Profit or (Loss)	* .	(c)	(G)		(K)	Het Pr	ofit or (Loss)
Merchandise Wheel No. 4 Herchandise Wheel No. 5 Merchandise Wheel No. 12 (Enter on line A-3 of CC_7)		-				(Enter	on line A-3 of CC_7)
Recuipts (Less change bank) Receipts (Less change bank) Receipts (Less change bank)	•				- · · · · · · · · · · · · · · · · · · ·		
Less: Value of Mose. Awarded Less: Value of Mose.					Awarded		
Profit or (Loss) (D) ENTER PROFIT OR (LOSS) FOR EACH MERCHANDISE WREEL ON CORRESPONDING LINE OF CONTROL SUMMANY					OT SUBBLER (L)		









	Y STATEMENT OF BELL JAR OPERATIONS
INSTRUCTIONS: Prepare report in the end of each calendar quarter, Municipality, one copy to the app Racing and Wagering Board and ret applicable, a copy shall be submi the County.	triplicate. Within 15 days after send original to the Clerk of the No. wropriate Regional Office of the HYS ain one copy for your files. Where tited to the Chief Fiscal Officer of No.
Municipality:	County:
A. RECEIPTS- 1. Cumulative Profit or (Loss) f	rom reverse side
B. EXPENDITURES-	TORI TERRISE SIDE
	ported once per year)
2. Total Cost of Deals (Report of	heck numbers, amounts and payees
3. Services (on a separate attac	ined sheet.)
4. Total Expenditures (Add items	(1, 2 and 3)
C. NET PROFIT or (LDSS)-	
1. Profit or (Loss) before addit	tional license fee (Part Al less Part B4)
2. Additional License Fee	tem 1 less item 2)
 Total Net Profit or (Loss) (1 DISPOSITION OF AND ACCOUNTING 	
	oceeds shown on last report (Part G of CG-7Q)
	s period (Part C3 above)
3. Interest earned on net proces	eds on deposit in interest bearing account(s)
5. Total Net Proceeds (Add items	; 1 through 4)
E. List all disbursement checks	of net proceeds drawn on special checking iuded in Part B (Expenditures), since last
GC-7Q report. (Attach schedu	ile if more space is needed.)
DATE CHECK NO. DESCRIPTION	NAME AND ADDRESS OF PAYEE AMOUNT
,	•
	•
F. Total amount of checks	·
F. Total amount of checks	oceads (Part D5 less Part F)
6. Unexpected balance of net proH. Hember in charge;	preeds (Part D5 less Part F)
6. Unexpected balance of net proH. Hember in charge;	nceeds (Part D5 less Part F) Phone No.
6. Unexpected balance of net proH. Hember in charge;	preeds (Part D5 less Part F)
G. Unexpected balance of net pro H. Member in charge: Hama:	Address: Phone No.
G. Unexpected balance of net pro H. Member in charge; Mama: I. Head of organization:	Address: Phone No.
G. Unexpected balance of net pro H. Member in charge; Hama: I. Read of organization: Name:	Address: Phone No.
6. Unexpected balance of net pro H. Member in charge; Name: I. Read of organization: Name: J. Prepared by: Reme: I declare, subject to the porganization herein. That 1 per read the foregoing statement and true to the best of my knowledge	Address: Phone No. Address: Phone No. Address: Phone No. Address: Phone No. S DECLARATION MUST BE COMPLETED enalties of perjury, that I am the head of the licensee sonally supervised the preparation of this statement, that I attackments and know the contents thereof, that they are and belief,
6. Unexpected balance of net pro H. Member in charge; Name: I. Read of organization: Name: J. Prepared by: Reme: I declare, subject to the porganization herein. That 1 per read the foregoing statement and true to the best of my knowledge	Address: Phone No. Address: Phone No. Address: Phone No. Address: Phone No. S DECLARATION MUST BE COMPLETED enalties of perjury, that I am the head of the licensee sonally supervised the preparation of this statement, that I attackments and know the contents thereof, that they are



Deal No. 1 Serial No	1 Name of Deel 1 No. of Tickets 2 No. of unsold tickets	i <u>Dezl No. 9</u> Serial No	CONTROL SIBNARY Profit or (loss)
RECEIPTS (Tickets sold)	1 RECEIPTS (Tickets sold)	RECEIFTS (Tickets sold)	A. Deal No. 1
Nome of Deal No. of Tickets No, of ansold tickets RECEIPIS (Tickets sold)	Name of Daal No. of Tickets # # No. of unsold tickets RECEIPTS (Tickets sold) Lass: Prizes awarded	Deal No. 10 Serial No. Name of Deal No. of Yickets Mo. of unsold tickets No. of unsold tickets NECELIFIS (Tickets sold)	1 D. Deal No. 4
	(F)	1	I H. Dorl No. 5
No. of Tickets No. of unsold tickets RECEIPTS (Tickets sold)	Name of Deal No. of Tickets	Deal No. 11 Serial No. Name of Deal No. of Tickets	L. Deal No. 10
No. of Tickets No. of unsold tickets RECEIPIS (Tickets sold)	i Deal No. 8 Serial No. Nume of Deal No. of Yickets No. of unsold tickets RECEIPTS (Tickets sold)	Deel No. 12 Serial No. Nome of Deel No. of Tickets 0 No. of Unsold tickets RECEIPTS (Tickets sold)	Enter on Line A-1 on reverse side,
(D)	(H)	[L]	i I



	•				
CASH RI	CEIPIS: HONTH	0F	·	19	·

Date of License Period	Admissions Receipts (if fee is	Cames other than Mise. Wheels	Merchandise Wheels Receipts (net)	Total Receipts (net)	Amounts of Deposit	Date of Deposit
	charged) (GC-7 Part A-1)	Receipts (net) (GC-7 Part A-2)	(GC-7 Part A-3)	(GC-7 Part A-4)		
(1)	(2)	(3)	(4)	(5) Total of Columns 2 To 4	(6)	(7)
· · · · · · · · · · · · · · · · · · ·		, ,				
M						,
					•	
· · · · · · · · · · · · · · · · · · ·						
Total for Month				•		
Brought Forward From Prior Month (s)						
Total to Date					(ST June 1	020)

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





isb. Cash Net Bank oceeds
ff) ^{E)} (12)
-



	CASH RECEIPTS M	ONTH OF19	-
WEEK ENDING	BELL JAR RECEIPTS	AMOUNT OF DEPOSIT	DATE OF DEPOSIT
0	(1)	(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)

			CAS	H DISBURSE	MENTS: Mon	th of			
Date Paid	Check No.	Payee	Amount of Check	Supplies	Services	License Fees	Pescription of Pisbursement listed in column 9	Disb. of Net Proceeds GC-1Q Part E	Cash bank
(1)	[2]	(3)	(4)	(5)	(6)	{7}	(8)	(9)	(10)
		(Amount as she	ts shown in count	:02umna 5,6 :4}	,7,9 and 1) should b	e the same	·	
		Į		- .					,
Totals	€04 m	nth							
Brough from p	it forwa	nd nth(s)							
Totals	to dat	te						-	

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