



BC-7 Financial Statement of Bingo Operations

Instructions: Prepare report in duplicate. Within 7 days after each occasion, send original to clerk of municipality and retain one copy for your files.

Name of Organization: _____

Bingo Identification Number: _____

Street Address: _____

City, Town or Village (circle one): _____ Zip Code: _____

Municipal License Number: _____

Address where bingo is conducted, if different:

Table with 4 columns: Street Address, Municipality, Zip, County, Number of Players, Number of Games, Date of Occasion, Hours of Occasion

A. RECEIPTS:

- 1. Bingo Receipts (Form BC-7B must be completed and attached)
2. Sale of Supplies
3. Other Receipts (Rent, etc)
4. Total Receipts (Add Lines A1 through A3)

B. EXPENDITURES (Show only payments actually made)

Table with 5 columns: Describe Expenditure, Payee, Check No., Amount. Rows include Prizes, Rent, License Fee, Bingo Equipment and Supplies, Services, Other Expenses, Total Expenditures.

C. NET PROFIT OR (LOSS)

1. Profit (or Loss) Before Additional License Fee (*Line A4 less Line B7*): _____
2. Additional License Fee 3% of Line C1 (LIST CHECK NUMBER _____): _____
3. Profit (or Loss) (*Line C1 less Line C2*): _____

D. GAME BANK FUND Payee Check Number Amount
(Memo Entry Only)

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E. 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 (*Line C3*): _____
4. Interest earned on net proceeds on deposit in interest bearing account(s): _____
5. Other deposits into or adjustments in Special Bingo Account: _____
Explanation: _____
6. Total Net proceeds (*Add Lines E1 through E5*): _____

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 (*Line E6 less Line E7*): _____

F. RECONCILIATION OF UNEXPENDED BALANCE: (To be completed monthly --- upon receipt of monthly bank statement)

<u>Account</u>	<u>Name of Bank</u>	<u>Account Number</u>	<u>Reconciled Balance</u>
1) Checking	_____	_____	_____
2) Savings	_____	_____	_____
3) Other	_____	_____	_____
Total (Must be the same as Line E8-Unexpended Balance)			_____

H. DECLARATION: (All three sections must be fully completed and signed. Unsigned reports will be returned):

I swear or affirm that the information and statements contained herein have been examined by me and are true, accurate and complete.

Head of Organization:

_____ Signature _____ Date _____

_____ Print Name _____ Print Title _____

_____ Home Address, City and Zip Code _____ () Phone Number _____

_____ Email Address _____

Member In Charge:

_____ Signature _____ Date _____

_____ Print Name _____ Print Title _____

_____ Home Address, City and Zip Code _____ () Phone Number _____

_____ Email Address _____

Preparer of Report:

_____ Signature _____ Date _____

_____ Print Name _____ Print Title _____

_____ Home Address, City and Zip Code _____ () Phone Number _____

_____ Email Address _____