

BC- 7Q Quarterly Statement of Bingo Operations



Gaming Commission | Division of Charitable Gaming

CALENDAR YEAR: _____

January 1st – March 31st April 1st – June 30th July 1st – September 30th October 1st – December 31st

Name of Organization: _____	Bingo ID: _____	License Number: _____
Address: _____		
<small>Street</small>	<small>City</small>	<small>Zip Code</small>
Number of Occasions: _____	Number of Players: _____	

Instructions: Prepare this report in triplicate. Within **15 days after the end of each calendar quarter**, send original to the New York State Gaming Commission, Division of Charitable Gaming, one copy to the municipal clerk and retain one copy for your records. **Mail to: New York State Gaming Commission, Charitable Gaming, PO Box 7500, Schenectady, NY 12301-7500.**

A. RECEIPTS – (Part “A” of Form BC-7)

A1. Total Bingo Receipts.....\$ _____

A2. Total Sale of Supplies.....\$ _____

A3. Total Other Receipts (Rent, etc).....\$ _____

A4. Total Receipts (Add Lines A1 through A3).....\$ _____

B. EXPENDITURES

B1. Total Prizes.....\$ _____

B2. Total Rent (if applicable).....\$ _____

B3. Total License Fee.....\$ _____

B4. Total Bingo Equipment.....\$ _____

B5. Total Services.....\$ _____

B6. Total Other Expenses.....\$ _____

B7. Total Expenditures (Add Lines B1 through B6).....\$ _____

C. NET PROFIT OR (LOSS)

C1. Total Profit or (Loss) Before Additional License Fee (Line A4 less Line B7).....\$ _____

C2. Total Additional License Fee (3% of Line C1).....\$ _____

C3. Total Net Profit or (Loss) (Line C1 less Line C2).....\$ _____

D. DISPOSITION OF AND ACCOUNTING NET PROCEEDS

D1. Unexpended balance of net proceeds shown on last BC-7Q (Line F of BC-7Q).....\$ _____

D2. Net Profit or (Loss) from this period (Line C3).....\$ _____

D3. Interest earned on net proceeds on deposit in interest bearing account(s).....\$ _____

D4. Other deposits into or adjustments in Special Bingo Account (if applicable).....\$ _____

 Explanation.....

D5. Total net proceeds (add Lines D1 through D4).....\$ _____

E. TOTAL DISBURSEMENTS OF NET PROCEEDS FROM SPECIAL BINGO ACCOUNT SINCE LAST BC-7Q REPORT (same as line G) \$ _____

F. UNEXPENDED BALANCE OF NET PROCEEDS (LINE D5 LESS LINE E) \$ _____

G. TOTAL AMOUNT OF CHECKS (Must be the same as Line E) \$ _____

H. Attach a list of all disbursement checks of net proceeds drawn on special bingo checking account, other than those included in PART "B" (Expenditures), since last BC-7Q report.

AFFIRMATION

All three sections must be 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.

(Pursuant to Commission Rule 4821.6, "if the financial statement or summary statement of bingo operation filed by a licensee is not properly verified, or not fully, accurately and truthfully completed, no further license shall issue to it, and any existing license shall be suspended until such as time as the default has been corrected".)

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