



Instructions: Prepare report in triplicate. Within 7 days after each license period, send original to clerk of municipality, send one copy to NYS Gaming Commission and retain one copy for your files. Where applicable, one copy shall also be submitted to the Chief Fiscal Office of the County.

Name of Organization: _____

Games of Chance Identification Number: _____

Street Address: _____

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

Phone Number: _____ License Number: _____

Address where games are conducted, if different:

Street Address Municipality Zip County

Number of Players Number of Types of Games Date of License Period Hours of License Period

A. RECEIPTS:

- 1. Admissions (if fee is charged): \$ _____
2. Profit or Loss from games other than Merchandise Wheels: \$ _____
3. Profit or Loss from Merchandise Wheels: \$ _____
4. Total Receipts (add lines 1-3): \$ _____

B. EXPENDITURES (Show only payments actually made)

Table with 4 columns: Describe Expenditure, Payee, Check No., Amount. Rows include Rent, License Fee, Games of Chance Equipment and Supplies, Services, Other Expenses, and Total Expenditures.

C. NET PROFIT OR (LOSS)

1. Profit (or Loss) Before Additional License Fee (*Line A4 less Line B6*): \$ _____
2. Additional License Fee (LIST CHECK NUMBER _____): \$ _____
3. Profit (or Loss) (Line 1 less Line 2): \$ _____

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

E. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS:

1. If this is organization's first license period, 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 license period (*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*): \$ _____

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 (<i>Line 6 less Line 7</i>):				\$ _____

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

<u>Depository</u>	<u>Name of Bank</u>	<u>Account Number</u>	<u>Amount</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

Preparer of Report:

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