



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

CASH RECEIPTS, MONTH OF _____ 19__										
(1) Date of Occasion	(2) Number of Players	(3) Bingo Receipts (BC-7 Part A.1)	(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) <small>Total of Columns 3 to 6</small>	(8) Bingo Funds Used For Cash Bank (BC-7 Part D)	(9) Prizes (BC-7 Part B.1)	(10) Amount of Deposit <small>(Column 7 Plus or Less Column 8)</small>	(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										



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CASH DISBURSEMENTS MONTH OF _____ 19__

(1) Date Paid	(2) Check No.	(3) Payee	(4) Amount of Check	(5) Equipment and Supplies <small>(Amounts shown in columns 5, 6, 7, 8, 9 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
(Instructions: Prepare report in duplicate, with No. 7 first after each license period, send original to clerk 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.)



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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-3 — 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.....		
(ST JAN. 1977)			



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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) A. Game No. 1 _____ B. Game No. 2 _____ C. Game No. 3 _____ D. Game No. 4 _____ E. Game No. 5 _____ Net Profit or (Loss) _____ (Enter on Line A-2 of GC-7)
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	
Ending Bank	Ending Bank	Ending Bank	Ending Bank	Ending Bank	
Profit or (Loss)	Profit or (Loss)	Profit or (Loss)	Profit or (Loss)	Profit or (Loss)	
(A)	(B)	(C)	(D)	(E)	
ENTER PROFIT OR (LOSS) FOR EACH TYPE OF GAME ON CORRESPONDING LINE OF CONTROL SUMMARY					
WORKERS	WORKERS	WORKERS	WORKERS	WORKERS	
Prepared By _____					
(Rev. June 1978)					

Page 2 Merchandise Wheels

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



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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 Deals (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 GC-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:



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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 _____			Profit or (Loss)	
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..... _____			A. Deal No. 1 _____	
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	
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)..... _____				
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. _____			Enter on Line A-1 on reverse side,	
Name of Deal _____			Name of Deal _____			Name of Deal _____			Use additional sheets if more than 12	
No. of Tickets @ = _____			No. of Tickets @ = _____			No. of Tickets @ = _____			deals are sold.	
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)				



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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)
Total for Month						
Brought Forward From Prior Month (s)						
Total to Date						

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



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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 (GC-7, Part E)	Cash Bank (12)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(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											
(SI June 1978)			(To be carried forward to following month until calendar or fiscal year)								



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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)
(Amounts shown in columns 5,6,7,9 and 10 should be the same as shown in column 4)									
Totals for month									
Brought forward from prior month(s)									
Totals to date									

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