



# Division of Charitable Gaming

## 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:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Address where bingo is conducted, if different:

_____	_____	_____	_____
Street Address	Municipality	Zip	County
_____	_____	_____	_____
Number of Players	Number of Games	Date of Occasion	Hours of Occasion

**A. RECEIPTS:**

- Bingo Receipts (Form BC-7B must be completed and attached).....\$ \_\_\_\_\_
- Sale of Supplies.....\$ \_\_\_\_\_
- Other Receipts (Rent, etc).....\$ \_\_\_\_\_
- Total Receipts (Add lines 1 through 3).....\$ \_\_\_\_\_

**B. EXPENDITURES** (*Show only payments actually made*)

1. Prizes .....	.....\$ _____			
	Describe Expenditure	Payee	Check No.	Amount
2. Rent:	_____	_____	_____	_____
3. License Fee:	_____	_____	_____	_____
4. Games of Chance Equipment and Supplies:	_____	_____	_____	_____
5. Services:	_____	_____	_____	_____
	_____	_____	_____	_____
6. Other Expenses:	_____	_____	_____	_____
	_____	_____	_____	_____
7. Total Expenditures:	_____			_____

**C. NET PROFIT OR (LOSS)**

- 1. Profit (or Loss) Before Additional License Fee (*Item A4 less Item B7*): \_\_\_\_\_
- 2. Additional License Fee (LIST CHECK NUMBER \_\_\_\_\_): \_\_\_\_\_
- 3. Profit (or Loss) (Item 1 less Item 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 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 (*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 Bingo 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 (*Item 6 less Item 7*): \_\_\_\_\_

**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>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*