

GC-7

NYS RACING & WAGERING BOARD
1 Broadway Center, Suite 600
Schenectady, NY 12305-2553
Telephone (518) 395-5400 Fax (518) 347-1469
www.racing.state.ny.us

FINANCIAL STATEMENT
OF GAMES OF CHANCE
OPERATIONS

(Please Print or Type)



INSTRUCTIONS: Prepare report in triplicate. Within 7 days after each license period, send original to clerk of municipality, send one copy to N.Y.S. Racing & Wagering Board, Bureau of Bell Jar & Charitable Gaming Compliance, 1 Broadway Center, Suite 600, Schenectady, NY, 12305, and retain one copy for your files. Where applicable, one copy shall also be submitted to the Chief Fiscal Officer of the County.

GC- [] - [] - [] - [] License Number []
N.Y.S. Identification Number
Name of Organization
Street Address Municipality Zip County
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 -

Table with 2 columns: Description and Amount. Rows include Admissions, Profit or Loss from games other than Merchandise Wheels, Profit or Loss from Merchandise Wheels, and Total Receipts.

B. EXPENDITURES - (Show only payments actually made)

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

C. NET PROFIT OR (LOSS)

Table with 2 columns: Description and Amount. Rows include Profit or (Loss) Before Additional License Fee, Additional License Fee, and Net Profit or (Loss).

D. GAME BANK FUND Payee Check No. Amount

(Memo Entry Only)

E. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS -

Table with 2 columns: Description and Amount. Rows include opening balance and unexpended balance.



