



STATE OF NEW HAMPSHIRE RACING AND CHARITABLE GAMING COMMISSION  
21 S. Fruit Street, Suite 16, Concord, NH 03301 Telephone (603) 271-2158 Fax (603) 271-3381  
BINGO MONTHLY FINANCIAL REPORT (RSA 287-E:9)

Organization ID # \_\_\_\_\_ Organization Name \_\_\_\_\_ Playing Address \_\_\_\_\_  
Period Ending \_\_\_\_\_ License # \_\_\_\_\_ Number of Games \_\_\_\_\_

	TOTALS				
1. Game Dates					
2. Attendance					
<b>Bingo Revenues (Cash, Check, Credit Card):</b>					
3. Regular Games					
4. Other Sales					
5. Winner-Take-All Game #1 Collections					
6. Winner-Take-All Game #2 Collections					
7. Winner-Take-All Game #3 Collections					
8. Winner-Take-All Game #4 Collections					
9. Total Winner-Take-All Collections (Total lines 5 through 8)					
10. Total Carryover Coverall Collections (Line 3 of BMCCR-3)					
11. Total Revenues (Total lines 3, 4 and 9)					
<b>Bingo Expenses:</b>					
12. Regular Games & Door Prizes Paid by Charitable Organization					
12a. Prize Amount Provided by Commercial Hall (\$500 game date max.)					
12b. Total Regular Games & Door Prizes Paid (Line 12 plus Line 12a, \$4,000 game date max.)					
13. Total Winner-Take-All Prizes Paid (Line 9 minus 14%)					
14. 7% Winner-Take-All Tax (Line 9 times 7% tax)					
15. Bonus Winner-Take-All Gross Prize Amount					
16. Bonus Winner-Take-All Prizes Paid (Line 15 minus 7% tax)					
17. 7% Bonus Winner-Take-All Tax (Line 15 times 7% tax)					
18. Carryover Coverall Prizes Paid (Line 10 of BMCCR-3)					
19. 7% Carryover Coverall Tax (Line 4 of BMCCR-3)					
20. Bingo Service Fee(s) (Line 33a of BMFR-2)					
21. Total Other Bingo Expenses (Rent, license fees, member reimbursement, etc.)					
22. Total Bingo Expenses (Total lines 12b, 13, 14, 16, 17, 20, and 21)					
23. Carryover Coverall Prize Summary (Line 10 minus lines 18 and 19)					
24. Net Bingo Profit/Loss (Line 11 minus line 22)					
25. Net Lucky 7 Profit/Loss (Line 11 of Lucky 7 Monthly Financial Report)					
26. Net Profit/Loss to Organization (Line 24 plus line 25)					

## 27. Game Dates

28. Cash					
29. Check					
30. TOTALS					

**TOTAL PRIZES PAID**

\_\_\_\_\_

31.

Type	Number Awarded	Value	Total Value
Card			
Strip			
Package			

**GRAND TOTAL**

**Name and Address of Licensed Distributor(s)**

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**Name and Address of Person/Entity Receiving Service Fee(s)**

**Fee Paid**

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**TOTAL (Enter total on line 20 of page 1)**

34.

**Carry subtotal over to next section 34a.**

TOTAL

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[illegible]

## MONTHLY CARRYOVER COVERALL REPORT (RSA 287-E:7)

Organization ID # \_\_\_\_\_

Organization Name \_\_\_\_\_

1. Game Dates
2. Beginning Carryover Coverall Prize Balance
3. Carryover Coverall Collections (Carry total to line 10 of BMFR-1)
4. 7% Carryover Coverall Tax (Line 3 times 7% tax; carry total to line 19 of BMFR-1)
5. 7% Game Reimbursement Fee (Line 3 times 7% fee)
6. Carryover Coverall Prize Pool (Line 3 minus line 4 and line 5)
7. Subtotal Carryover Coverall Prize Balance (Line 2 plus line 6)
8. Carryover Coverall Prizes Paid (Jackpot)
9. Carryover Coverall Prizes Paid (Consolation)
10. Total Carryover Coverall Prizes Paid (Line 8 plus line 9; carry total to line 18 of BMFR-1)
11. Ending Carryover Coverall Prize Balance (Line 7 minus line 10)

					TOTALS

### MEMBER LIST FOR BINGO

12. List the names and addresses of the members of the charitable organization who operated the licensed games (RSA 287-E:9 III (c)).

<u>Name and Address of Bona Fide Members</u>	<u>Reimbursed Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>Name and Address of Bona Fide Members</u>	<u>Reimbursed Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the above statements and all documents contained within this Monthly Financial Report and Worksheets are true, accurate and correct and that there are no willful misrepresentations in or falsifications of the above statements or answers to questions.

13. Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_

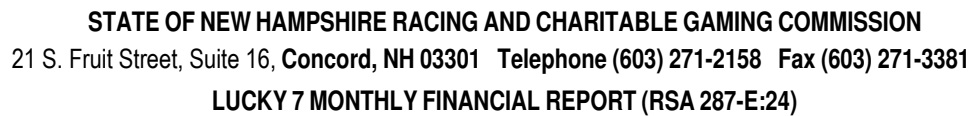
14. Chairperson (print name): \_\_\_\_\_

15. Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

16. Treasurer (print name): \_\_\_\_\_

17. Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

\*Please sign in blue ink.



Organization Name \_\_\_\_\_

Period Ending \_\_\_\_\_

## 1. Gross Revenue

**2. Total Prizes Paid (Line 30 column L of L7MFR-2)**

**3. Net Profit (Line 1 minus line 2)**

**4. Cost of Deals Sold (not including fee; line 30 column J of L7MFR-2)**

5. Pull Tab Fee Paid (boxed deals purchased, line 25 col C of L7MFR-2 times \$15)

6. Bag Fee Paid (bagged deals purchased, line 29 column C of L7MFR-2 times \$6)

## 7. License Fee

**8. Lucky 7 Service Fee(s) (Total of line 13)**

**9. Other Expenses (Machine rental, member reimbursement, etc.)**

**10. Total Lucky 7 Expenses (Total lines 4, 5, 6, 7, 8 and 9)**

**11. Net Lucky 7 Profit/Loss (Line 3 minus line 10)**

**12. List the name and address of the distributor(s) from whom the lucky 7 tickets were purchased (RSA 287-E:24 III (d)).**

**Name and Address of Licensed Distributor(s)**

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13. List the name and address of, and the fee paid to any person, or business entity who provided consulting, accounting, management, or other similar services to the organization for the operation of lucky 7 (RSA 287-E:24 III (e)).

**Name and Address**

**Fee Paid**

**TOTAL** (Enter total on line 8 above)

**14. List totals of actual prizes paid by cash or check (RSA 287-E:24 III (b)).**

## Cash

## Check

**TOTAL**

**15. List all prizes paid by check. All prizes of \$500 or more shall be paid by check (RSA 287-E 24 IV).**

[illegible]

## COMPUTATION OF # OF DEALS AND COST OF DEALS SOLD

Line #	DEAL INVENTORY DETAIL					F COST PER DEAL	INVENTORY COST DETAIL				PRIZE DETAIL	
	A FORM #	B # OF DEALS IN BEG INV	C # OF DEALS PURCH	D # OF DEALS IN END INV	E # OF DEALS SOLD		G BEG INV	H COST OF DEALS PURCH	I END INV	J COST OF DEALS SOLD	K PRIZES PAID ON ONE DEAL	L TOTAL PRIZES PAID
<b>BOXED</b>												
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	TOTAL											
<b>BAGGED</b>												
26												
27												
28												
29	TOTAL											
30	TOTAL line 25 plus 29											

I hereby certify, under penalty of unsworn falsification pursuant to RSA 641:3, that all worksheets contained within this Monthly Financial Report are true, accurate and correct and that there are no willful misrepresentations in or falsifications of the worksheets.

31. Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_

32. Chairperson (print name): \_\_\_\_\_

33. Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

34. Treasurer (print name): \_\_\_\_\_

35. Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

\*Please sign in blue ink.

## MEMBER LIST FOR LUCKY 7

Organization ID # \_\_\_\_\_

Period Ending \_\_\_\_\_

Organization Name \_\_\_\_\_

List the names and addresses of the members of the charitable organization who participated in the sale of lucky 7 tickets (RSA 287-E:24 III (c)).

**Names and Addresses of Bona Fide Members (Attach additional sheets if necessary)**

Reimbursed Amount[illegible]

TOTAL