## **BC-7**

## FINANCIAL STATEMENT OF **BINGO OPERATIONS**

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

(Please Print or Type)



INSTRUCTIONS: Prepare report in duplicate. Within 7 days after each occasion, send original to clerk of municipality and retain one copy for your files.

One	cop.	y for your mes.								
		S. Identification Number of Organization			License Numb	per				
Street Address Address Where Bingo Is Played (if Different):  Municipality					Zip		County			
<u>C</u> 1	traat	Addraga	in alite		7:a		<u></u>			
	Street Address Municipality				Zip	1, —	County			
L N	umb	er of Players Number of Games		Date of 0	Occasion	] /	Hou	rs of C	occasi	on
A.	RE	CEIPTS -			. —					
	1.	Bingo Receipts (Form BC-7B must be completed	ŕ		\$			ᆗ.		
	2.	Sale of Supplies.			. \$					
	3.	Other Receipts (Rent, etc.)						<u></u>  .		
	4.	Total Receipts (Add Items 1 through 3)			. \$					
B.	EX	PENDITURES - (Show only payments actually ma			\$					
	1.	Prizes			. Ψ					
		_	yee	Check No.	Φ 🗆					
	2.	Rent			\$					
	3.	License Fee			\$			<u></u> .		
	4.	Bingo			\$			.		
	••	Equipment			\$			่		
	5.	Services			\$					
					- '			╡.		_
					_ \$					
	6.	Other			\$			١.		
	0.	Expenses			\$					一
	7.	Total Expenditures			- : <del></del>			╡.		
C		NET PROFIT OR (LOSS)			·	1 1		┩.		_
C.	1. Profit or (Loss) Before Additional License Fee (Item A4 less Item B7)			em B7)	\$					
	2.	Additional License Fee (LIST CHECK NUMBER		,	Φ.			<u> </u>		
					$^{\circ}$					$\blacksquare$
_	3.	Net Profit or (Loss) (Item 1 less Item 2)			Ф					
D.		ME BANK FUND Payee Chemo Entry Only)	neck No.	Amount						
E	-	DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS -								
E.	1.	If this is organization's first occasion, give openin Special Bingo Account	g balance, if a	ny, in the	\$					
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	•					III ( <b>8</b>		: 8 : 1 E	II <b>B</b> l	_

<ol> <li>Unexpended balance of net proceeds sh</li> </ol>	nown on last report	\$	
3. Net profit (or Loss) from this occasion	•	Φ 🗆	
4. Interest earned on net proceeds on depo		<b>c</b>	
5. Other deposits into or adjustments in Sp Explanation	pecial Bingo Account	\$	
o. Total not proceeds (was remote surrough			
	on of Disbursements N	ame & Address of Pa	~
7. Total Disbursements		\$	
8. Unexpended balance of net proceeds (I	tem 6 less Item 7)	\$	
F. Reconciliation of Unexpended Balance (To Depository Name of Ba	<u>nk</u> <u>Ac</u>	ecount No.	k Statement) <u>Reconciled Balance</u>
• •			
3) Other  Total (Must be the same as Line E8 - U	Inexpended Balance)	\$	
Instructions: This section must be fully comp		Ψ	
I swear, or affirm that the information and standard search and belief are true, correct and confidence of Organization:  First Name			
nst raine	East Nume		
treet Address	City	Zip	County
( ) Phone Number Member in Charge:	Signature	[	Date
First Name	Last Name		
Ctreet Address  (	City Signature	Zip [	County Date
Preparer (if different):  Sirst Name	Last Name		
treet Address	City	Zip	County
(	Signature		Pate / Date
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