



AUDIT & COMPLIANCE DIVISION
 4900 ALAMEDA BOULEVARD NE
 ALBUQUERQUE, NM 87113-1736
 PHONE: 505-841-9700 FAX: 505-841-9720
www.nmgcb.org

Original Report	
Amended Report	
FED Tax #ID: _____	

BINGO AND RAFFLE QUARTERLY REPORT FORM

Report Year _____

- Do not alter this form in any way.
- Complete all sections of this report.
- This report must be prepared in ink or typed.

Check Only One:

_____	1 st Quarter (Jan. – Mar.)	Due April 15 th
_____	2 nd Quarter (Apr. – June)	Due July 15 th
_____	3 rd Quarter (Jul. – Sept.)	Due Oct. 15 th
_____	4 th Quarter (Oct. – Dec.)	Due Jan. 15 th

(Pursuant to Section 60-2B-9 of the Bingo & Raffle Act)

Specify number of occasions held 1 st month _____	
Specify number of occasions held 2 nd month _____	
Specify number of occasions held 3 rd month _____	
Total number of occasions conducted this quarter _____	

(Pursuant to Section 60-2B-8.G. of the Bingo and Raffle Act)

Licensee Number: _____

Organization Name: _____

Playing Address: _____

City, State, Zip Code: _____

Licensee Mailing Address: _____

City, State, Zip Code: _____

Provide the following information on the contact person/preparer of this report:

Name: _____

Phone Number/Cell phone: _____

Fax Number (if applicable): _____

E-mail Address: _____

SECTION I

Receipts:

	Month _____	Month _____	Month _____	Total Receipts
Bingo	\$	\$	\$	\$
Paper Pull Tabs	\$	\$	\$	\$
Raffles	\$	\$	\$	\$
Supplies (Dauber sales, etc.)	\$	\$	\$	\$
Interest Earned (Bank Acct.)	\$	\$	\$	\$
Other Miscellaneous	\$	\$	\$	\$
Total Receipts this Qtr:	\$	\$	\$	\$

SECTION II

Prizes:

	Month _____	Month _____	Month _____	Total Prizes
Bingo	\$	\$	\$	\$
Paper Pull tabs	\$	\$	\$	\$
Raffles	\$	\$	\$	\$
Total Prizes Paid this Qtr:	\$	\$	\$	\$

SECTION III

Deductible Expenditures:

	Bingo	Pull tabs	Raffle	Total Expenses
Rent of Building (\$100 max. per occasion)	\$	\$	\$	\$
Rent/Repair of Equipment (\$30 max. per occasion)	\$	\$	\$	\$
Bingo & Pull Tab Supplies (Use Licensed Distributors Invoice Amounts)	\$	\$	\$	\$
Janitorial Services (\$50 max. per occasion) NOT ALLOWED IF PAYING RENT.	\$	\$	\$	\$
Utilities (\$40 max. per occasion)	\$	\$	\$	\$
Salaries (Net Amount) (\$25.00 per person max. or \$250 max. per occasion)	\$	\$	\$	\$
Payroll Taxes (Fed/State)	\$	\$	\$	\$
Accountant Fees (\$30 max. per occasion)	\$	\$	\$	\$
NMGCB License Fees	\$	\$	\$	\$

Total Ded. Expenditures:

\$	\$	\$	\$
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(Pursuant to 60-2B-9E of the Bingo & Raffle Act)

SECTION IV

Calculate Net Proceeds

	Bingo	Pull tabs	Raffle	Total for the Qtr
Section I Totals:	\$	\$	\$	\$
Less: Section II Totals	\$	\$	\$	\$
Less: Section III Totals	\$	\$	\$	\$
Net Proceeds:	\$	\$	\$	\$
Add: Miscellaneous Receipts (dauber sales, etc.)				\$
Add: Interest Earned (from bingo & raffle operating bank account)				\$
Total Actual Net Proceeds:	\$	\$	\$	\$

Calculate Taxable Net Proceeds

If Sec. I less Sec. II less Sec. III is less than 0, then enter 0
Do **not** use negative numbers in calculating taxable net proceeds.

	Bingo	Pull Tabs	Raffle	Total for the Qtr
Taxable Net Proceeds:	\$	\$	\$	\$
Add: Miscellaneous Receipts (dauber sales, etc.)				\$
Add: Interest Earned (from bingo & raffle operating bank account)				\$
Total Taxable Net Proceeds:				\$

Total Bingo Tax Due for Quarter = Taxable Net Proceeds x 3%
(Pursuant to 60-2B-9.1A of the Bingo & Raffle Act)

\$

Distribution to Lawful Purpose:

(Pursuant to 60-2B-8.D. and 60-2B-3.Q. of the Bingo & Raffle Act)

Month _____	Month _____	Month _____	Total for the Qtr
\$	\$	\$	\$

SECTION V

Reconciliation of Gaming Activity at End of Quarter

Name of Bank: _____

Bank Address: _____

Bingo Operating Account Number: _____

Amounts Taken from Gaming Activity Report (Provide Summary of Monthly Gaming Activity Forms)

Ending Balance from Previous Quarter	1.	\$
Total Actual Net Proceeds (from Sec. IV)	2.	\$
Total Funds Available for Distribution (Box 1. + Box 2.)	3.	\$
Total Distributions of Net Proceeds to Lawful Purposes (from Sec. IV)	4.	\$
Undistributed Amount of Net Proceeds (Box 3. - Box 4.)	5.	\$

Amounts Taken from Bank Statement and Check Register (Provide Bingo Operating Account bank statements, cancelled check images AND list of checks written and deposits made.)

Circle One:

1st QTR (03/31) 2nd QTR (06/30) 3rd QTR (09/30) 4th QTR (12/31)

Beginning balance on Bank Statement dated _____	6.	\$
(Note: use beginning bank statement balance at end of quarter being reported)		
Plus: Total Deposits listed on Bank Statement	7.	\$
Less: Total Checks listed on Bank Statement	8.	\$
Less: Total Service Charges listed on Bank statement	9.	\$
Bank Balance at end of quarter as listed on this statement	10.	\$
Plus: Any cash on hand at end of quarter (including cash operating fund)	11.	\$
Plus: Deposits made but not listed at end of quarter	12.	\$
Less: Total Checks outstanding at end of quarter	13.	\$
Less: Total NSF checks/Miscellaneous Debits/Credits from bank	14.	\$
Actual Bingo Operating Funds at end of quarter	15.	\$

SECTION VI

Print and sign name of Highest Ranking Officer, Bingo Manager and Person Preparing the Report in order to complete this form. Bingo Manager and the person preparing the report cannot be the same.

1. I, _____ do solemnly swear under penalty of perjury that
the information contained herein is true and correct to the best of my knowledge and belief.

Signature of Person Preparing the Report

Date

2. I, _____ do solemnly swear under penalty of perjury that
the information contained herein is true and correct to the best of my knowledge and belief.

Signature of Bingo Manager

Date

3. I, _____ do solemnly swear under penalty of perjury that
the information contained herein is true and correct to the best of my knowledge and belief.

Signature of Highest Ranking Officer

Date

(NOTE: SIGNATURE STAMPS ARE NOT ALLOWED)