



- ATTENTION: 1. File completed report within **10 days** after bingo session.
 2. Submit check payable to the **Treasurer, State of Connecticut.**
 3. Mail report to **165 Capitol Avenue, Hartford, CT 06106.**

| | | | |
|--------------------------|----------------|-----------------------------|-------------------|
| NAME OF ORGANIZATION | | | PERMIT NUMBER |
| ADDRESS (No. and Street) | | | TELEPHONE NUMBER |
| (City or Town) | | (State) | (Zip Code) |
| DATE OF SESSION | DAY OF SESSION | TIME OF SESSION pm to pm | NUMBER OF PLAYERS |

SCHEDULE 1. BINGO INCOME STATEMENT

A. REVENUE

| TYPE OF SALE | Identifiable Admissions | WTA #1 | WTA #2 | Package Sales | Special #1 | Special #2 | Special #3 | Special #4 | Special #5 | Special #6 | Special #7 |
|-----------------|-------------------------|------------|-------------|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| NUMBER OF CARDS | | | | | | | | | | | |
| PRICE | | | | | | | | | | | |
| GAME RECEIPTS | | | | | | | | | | | |
| TYPE OF SALE | Special #8 | Special #9 | Special #10 | Special #11 | Special #12 | Special #13 | Special #14 | Special #15 | Special #16 | Special #17 | Special #18 |
| NUMBER OF CARDS | | | | | | | | | | | |
| PRICE | | | | | | | | | | | |
| GAME RECEIPTS | | | | | | | | | | | |

1. Total bingo game receipts (from schedule above) \$ _____
2. Sales of supplies \$ _____
3. Other receipts (explain (_____)) \$ _____
4. TOTAL REVENUE (add items 1 through 3) \$ _____

B. EXPENSES

1. Cash prizes (Schedule 2, part A, TOTAL plus schedule 2, part C, TOTAL CASH DOOR PRIZES) \$ _____
2. Fee paid to Treasurer, State of Connecticut (Schedule 3, line 5) Check Number _____ \$ _____
3. Other expenses and/or Goodwill Payments (actually paid)

| | CHECK NO. | NAME OF PAYEE | DESCRIPTION | AMOUNT |
|----|-----------|---------------|-------------|--------|
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |

- Total other expenses (add items a through d) \$ _____
4. TOTAL EXPENSES (add items 1 through 3) \$ _____

C. NET PROFIT (LOSS)

1. Net Profit (Loss) (from Part A, Line 4, TOTAL REVENUE, deduct Part B, line 4, TOTAL EXPENSES) \$ _____

| | | | | |
|--------------------------|-----------------|-------|-------------------------|-----------------|
| STARTING CASH BANK \$ | DEPOSIT MADE BY | PIN # | AMOUNT OF DEPOSIT \$ | DATE OF DEPOSIT |
|--------------------------|-----------------|-------|-------------------------|-----------------|

SCHEDULE 2. LIST OF PRIZES

A. SUMMARY OF CASH BINGO GAME PRIZES

| PRIZE | NO. OF GAMES | TOTALS |
|--|--------------|--------|
| WTA #1 | | \$ * |
| WTA #2 | | \$ * |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| \$ | | \$ |
| Amount of Special Grand Prize #1 for this session | | \$ |
| Amount of Special Grand Prize #2 for this session | | \$ |
| Breakage | | \$ |
| TOTAL | | \$ |

*Amount awarded after 10% has been deducted

C. DOOR PRIZE(S)

| MERCHANDISE DOOR PRIZE SECTION | |
|--|-------|
| DESCRIPTION | VALUE |
| | \$ |
| | \$ |
| | \$ |
| TOTAL MERCHANDISE DOOR PRIZE(S) | \$ |
| CASH DOOR PRIZE SECTION | |
| | |
| TOTAL CASH DOOR PRIZE (S) | \$ |

SCHEDULE 3. CALCULATION OF FEE

| | | |
|----|--|----|
| 1. | Total bingo game receipts (schedule 1, part A, line 1) | \$ |
| 2. | Total cash bingo game prizes (schedule 2, part A, Total) | \$ |
| 3. | Total merchandise bingo game prizes (schedule 5, Grand Total) | \$ |
| 4. | Net receipts (deduct lines 2 and 3 from line 1) | \$ |
| 5. | Total fee due Treasurer, State of Connecticut (multiply line 4 by .05) | \$ |

B. SPECIAL GRAND PRIZE #1 (PROGRESSIVE)

| | SESSION DATE | AMOUNT |
|--|--------------|--------|
| Week #1 | | \$ |
| Week #2 | | \$ |
| Week #3 | | \$ |
| Week #4 | | \$ |
| Week #5 | | \$ |
| Week #6 | | \$ |
| Week #7 | | \$ |
| Week #8 | | \$ |
| Week #9 | | \$ |
| Week #10 | | \$ |
| Week #11 | | \$ |
| Week #12 | | \$ |
| Week #13 | | \$ |
| Week #14 | | \$ |
| Week #15 | | \$ |
| Week #16 | | \$ |
| TOTAL PAID FOR SPECIAL GRAND PRIZE #1 | | \$ |

D. SPECIAL GRAND PRIZE #2 (PROGRESSIVE)

| | SESSION DATE | AMOUNT |
|--|--------------|--------|
| Week #1 | | \$ |
| Week #2 | | \$ |
| Week #3 | | \$ |
| Week #4 | | \$ |
| Week #5 | | \$ |
| Week #6 | | \$ |
| Week #7 | | \$ |
| Week #8 | | \$ |
| Week #9 | | \$ |
| Week #10 | | \$ |
| Week #11 | | \$ |
| Week #12 | | \$ |
| Week #13 | | \$ |
| Week #14 | | \$ |
| Week #15 | | \$ |
| Week #16 | | \$ |
| TOTAL PAID FOR SPECIAL GRAND PRIZE #2 | | \$ |

LIST WINNER(S) FOR SPECIAL GRAND PRIZE(S):

| CHECK NO. | NAME OF PAYEE | AMOUNT |
|-----------|---------------|--------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

SCHEDULE 4. DISPOSITION OF, AND ACCOUNTING FOR NET PROFIT (Contribution/Donation)

| | DATE | CHECK NO. | NAME OF PAYEE | DESCRIPTION | AMOUNT |
|----------------------------|------|-----------|---------------|-------------|--------|
| 1. | | | | | |
| 2. | | | | | |
| TOTAL DISBURSEMENTS | | | | | \$ |

I DO HEREBY MAKE OATH THAT THE STATEMENT IN THE FOREGOING REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE.

| I DO HEREBY MAKE OATH THAT THE STATEMENT IN THE FOREGOING REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE. | | | FOR OFFICE USE ONLY |
|--|-------|------------------|----------------------------|
| SIGNATURE OF MEMBER-IN-CHARGE/DESIGNEE OF BINGO SESSION | PIN # | DATE | Check Number |
| SIGNATURE OF RANKING OFFICER | PIN # | DATE | Amount |
| FORM PREPARED BY (Please Print) | PIN # | TELEPHONE NUMBER | \$ |

