



BC-7 Financial Statement of Bingo Operations

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

Name of Organization: \_\_\_\_\_

Bingo Identification Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, Town or Village (circle one): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address where bingo is conducted, if different:

Street Address Municipality Zip County

Number of Players Number of Games Date of Occasion Hours of Occasion

A. RECEIPTS:

- 1. Bingo Receipts (Form BC-7B must be completed and attached) \$
2. Sale of Supplies \$
3. Other Receipts (Rent, etc) \$
4. Total Receipts (Add lines 1 through 3) \$

B. EXPENDITURES (Show only payments actually made)

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

**C. NET PROFIT OR (LOSS)**

- 1. Profit (or Loss) Before Additional License Fee (*Item A4 less Item B7*): \_\_\_\_\_
- 2. Additional License Fee (LIST CHECK NUMBER \_\_\_\_\_): \_\_\_\_\_
- 3. Profit (or Loss) (Item 1 less Item 2): \_\_\_\_\_

**D. GAME BANK FUND**  
(Memo Entry Only)

Payee	Check Number	Amount
_____	_____	_____

**E. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS:**

- 1. If this is organization's first occasion, give opening balance, if any, in the **Special Bingo Account:** \_\_\_\_\_  
Source of Opening balance: \_\_\_\_\_
- 2. Unexpended balance of net proceeds shown on last report: \_\_\_\_\_
- 3. Net Profit (or Loss) from this occasion (*Part C, Item 3*): \_\_\_\_\_
- 4. Interest earned on net proceeds on deposit in interest bearing account(s): \_\_\_\_\_
- 5. Other deposits into or adjustments in Special Bingo Account: \_\_\_\_\_  
Explanation: \_\_\_\_\_
- 6. Total Net proceeds (*Add Items 1 through 5*): \_\_\_\_\_

Disbursements of Net Proceeds since last report: (Attach additional sheets if necessary)

Date	Check No.	Description of Disbursements	Name & Address of Payee	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 7. Total Disbursements: \_\_\_\_\_
- 8. Unexpended balance of net proceeds (*Item 6 less Item 7*): \_\_\_\_\_

**F. RECONCILIATION OF UNEXPENDED BALANCE:** (To be completed monthly --- upon receipt of monthly bank statement)

<u>Depository</u>	<u>Name of Bank</u>	<u>Account Number</u>	<u>Reconciled Balance</u>
1) Checking	_____	_____	_____
2) Savings	_____	_____	_____
3) Other	_____	_____	_____
Total (Must be the same as Line E8-Unexpended Balance)			_____

**H. DECLARATION:** (All three sections must be fully completed and signed. Unsigned reports will be returned):

I swear or affirm that the information and statements contained herein have been examined by me and are true, accurate and complete.

**Head of Organization:**

\_\_\_\_\_

*Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_

*Print Name* *Print Title*  
( )

\_\_\_\_\_

*Home Address, City and Zip Code* *Phone Number*

\_\_\_\_\_

*Email Address*

**Member In Charge:**

\_\_\_\_\_

*Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_

*Print Name* *Print Title*  
( )

\_\_\_\_\_

*Home Address, City and Zip Code* *Phone Number*

\_\_\_\_\_

*Email Address*

**Preparer of Report:**

\_\_\_\_\_

*Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_

*Print Name* *Print Title*  
( )

\_\_\_\_\_

*Home Address, City and Zip Code* *Phone Number*

\_\_\_\_\_

*Email Address*