



- 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 Ave., 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	\$	



	PERMIT NUMBER
NAME OF ORGANIZATION	DATE OF SESSION
ADDRESS (No. and Street) (City or Town) (State) (Zip Code)	

SCHEDULE 5. MERCHANDISE BINGO GAME PRIZES

GAME NUMBER	DESCRIPTION OF PRIZE(S)	VALUE OF PRIZE(S)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL page 1		\$

