

GEORGIA BINGO ANNUAL REPORT

Under Official Code of Georgia Annotated Section 16-12-59 & the Bingo Rules of the Georgia Bureau of Investigation 92-2-.10 - Form B04 must be prepared by a Certified or Registered Public Accountant. Please type or print neatly.

NAME OF ORGANIZATION	POST/CHAPTER/LODGE NO.	BINGO LICENSE NO.
ADDRESS		SALES TAX REGISTRATION NO.

CITY	STATE	ZIP CODE	METHOD OF ACCOUNTING? CHECK ONE: () CASH () ACCRUAL
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(1) TOTAL RECEIPTS FROM BINGO OPERATIONS (Do not include food/alcohol)	1		\$
(2) TOTAL PRIZES PAID OUT (Include value of non-cash prizes)	2		\$
(3) GROSS PROCEEDS (Subtract line 2 from line 1):	3		\$
(4) BINGO EXPENSES (Do not include food/alcohol):			
(4a) SALES TAX PERCENTAGE FOR COUNTY:	4a	%	
(4b) SALES TAX COLLECTED ON BINGO RECEIPTS:	4b		\$
(4c) SALARIES PAID TO WORKERS (DO NOT INCLUDE SNACK BAR OR OTHER PAID EMPLOYEES EXCEPT \$30/DAY FOR BINGO WORKERS)	4c		\$
(4d) STATE/FEDERAL TAXES/ FICA WITHHELD (BINGO WORKERS):	4d		\$
(4e) TOTAL SALARIES (ADD LINE (4C+4D):	4e		\$
(4f) BINGO LICENSE FEE:	4f		\$
(4g) RENT/MORTGAGE PAYMENT:	4g		\$
(4h) UTILITIES:	4h		\$
(4i) INSURANCE FEES:	4i		\$
(4j) LEGAL FEES:	4j		\$
(4k) ACCOUNTING FEES:	4k		\$
(4l) BINGO SUPPLIES (CARDS, DAUBERS, ETC.):	4l		\$
(4m) OFFICE SUPPLIES, PRINTING & POSTAGE:	4m		\$
(4n) JANATORIAL SERVICES:	4n		\$
(4o) SECURITY GUARD SERVICES:	4o		\$
(4p) OTHER (ITEMIZE):	4p		\$
(4q) OTHER (ITEMIZE):	4q		\$
(4r) OTHER (ITEMIZE):	4r		\$
(4s) TOTAL EXPENSES (ADD LINES 4b+4e+4f THRU 4r):	4s		\$
(5) TOTAL DONATIONS (LIST ON NEXT PAGE)	5		\$
<i>*NOTE: Do not include funds transferred to general funds:</i>			
(6) TOTAL (ADD LINE 4S + LINE 5)	6		\$
(7) NET PROCEEDS (Subtract Line 6 from Line 3) *Note:	7		\$
<i>Total should not be less than -0-. Itemize on bottom of next page how net proceeds will be spent.</i>			

Under penalties of making a false statement, I declare that I have examined this report, including any attachments, and by providing my signature below I certify the accuracy of this record to the best of my knowledge.

Under penalties of false statements, I declare that I have prepared this report, including any attachments, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Organization Officer	Signature of CPA or RPA and Title	
Name of Officer (Type or Print)	Firm Name	Mailing Address
Title	City	Zip Code
Daytime Telephone Number	Business Telephone Number	
Date	Date	

(5) ITEMIZED DONATIONS

FOR YEAR 20 _____

NAME OF CHARITY OR NAME OF PERSON RECEIVING DONATION

ADDRESS OF CHARITY OR PERSON

AMOUNT

\$

TOTAL (ENTER LINE 5) USE MORE PAGES IF NEEDED

\$

RECIPIENTS OF NET PROCEEDS

NAME OF PERSON/COMPANY

ADDRESS

AMOUNT

\$

TOTAL (ATTACH ADDITIONAL PAGES IF NECESSARY)

\$