

BC-7

NYS RACING & WAGERING BOARD  
1 Watervliet Ave. Ext., Suite 2  
Albany, NY 12206-1668  
Telephone (518) 453-8460 Fax (518) 453-8492  
www.racing.state.ny.us

FINANCIAL STATEMENT OF  
BINGO OPERATIONS  
(Please Print or Type)



INSTRUCTIONS: Prepare report in triplicate. Within 7 days after each occasion, send original to clerk of municipality, one copy to New York State Racing and Wagering Board, and retain one copy for your files.

BC -	□□	-	□□□□	-	□□□□	-	□□□□□□□□	□□□□□□□□			
N.Y.S. Identification Number						License Number					
Name of Organization											
Street Address					Municipality			Zip		County	
Address Where Bingo Is Played (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 Items 1 through 3).....	\$	□□□□□□	□	□

B. EXPENDITURES - (Show only payments actually made)

1. Prizes.....	\$	□□□□□□	□	□
Describe Expenditure				
Payee				
Check No.				
2. Rent	\$	□□□□□□	□	□
3. License Fee	\$	□□□□□□	□	□
4. Bingo Equipment	\$	□□□□□□	□	□
5. Services	\$	□□□□□□	□	□
6. Other Expenses	\$	□□□□□□	□	□
7. 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. Net Profit or (Loss) (Item 1 less Item 2).....	\$	□□□□□□	□	□

D. GAME BANK FUND

Payee	Check No.	Amount
(Memo Entry Only)		

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..... \$
- 6. Total net proceeds (add Items 1 through 5)..... \$

Explanation \_\_\_\_\_

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)

Depository	Name of Bank	Account No.	Reconciled Balance
1) Checking			
2) Savings			
3) Other			

- Total (Must be the same as Line E8 - Unexpended Balance)..... \$

Instructions: This section must be fully completed by all parties.

I swear, or affirm that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

Head of Organization:

<input type="text"/>	<input type="text"/>
First Name	Last Name

Street Address	City	Zip	County
( <input type="text"/> ) <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone Number	Signature	Date	

Member in Charge:

<input type="text"/>	<input type="text"/>
First Name	Last Name

Street Address	City	Zip	County
( <input type="text"/> ) <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone Number	Signature	Date	

Preparer (if different):

<input type="text"/>	<input type="text"/>
First Name	Last Name

Street Address	City	Zip	County
( <input type="text"/> ) <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone Number	Signature	Date	

