



# Division of Charitable Gaming

## GC-7 Financial Statement of Games of Chance Operations

**Instructions:** Prepare report in triplicate. Within 7 days after each license period, send original to clerk of municipality, send one copy to NYS Gaming Commission and retain one copy for your files. Where applicable, one copy shall also be submitted to the Chief Fiscal Office of the County.

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

**Games of Chance Identification Number:** \_\_\_\_\_

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

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

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

Address where games are conducted, if different:

\_\_\_\_\_ Street Address      \_\_\_\_\_ Municipality      \_\_\_\_\_ Zip      \_\_\_\_\_ County

\_\_\_\_\_ Number of Players      \_\_\_\_\_ Number of Types of Games      \_\_\_\_\_ Date of License Period      \_\_\_\_\_ Hours of License Period

**A. RECEIPTS:**

1. Admissions *(if fee is charged)*: \$ \_\_\_\_\_
2. Profit or Loss from games other than Merchandise Wheels: \$ \_\_\_\_\_
3. Profit or Loss from Merchandise Wheels: \$ \_\_\_\_\_  
(Form GC-7B must be completed and attached)
4. Total Receipts *(add items 1, 2 and 3)*: \$ \_\_\_\_\_

**B. EXPENDITURES** *(Show only payments actually made)*

Describe Expenditure	Payee	Check No.	Amount
1. Rent: _____	_____	_____	\$ _____
2. License Fee: _____	_____	_____	\$ _____
3. Games of Chance Equipment and Supplies: _____	_____	_____	\$ _____
4. Services: _____	_____	_____	\$ _____
5. Other Expenses: _____	_____	_____	\$ _____
	_____	_____	\$ _____
6. Total Expenditures:			\$ _____

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

1. Profit (or Loss) Before Additional License Fee (*Item A4 less Item B6*): \$ \_\_\_\_\_
2. Additional License Fee (LIST CHECK NUMBER \_\_\_\_\_): \$ \_\_\_\_\_
3. Profit (or Loss) (Item 1 less Item 2): \$ \_\_\_\_\_

**D. GAME BANK FUND**                      Payee                      Check Number                      Amount  
(Memo Entry Only)

			\$ _____
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**E. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS:**

1. If this is organization's first license period, give opening balance, if any, in the **Special Games of Chance Account:** \$ \_\_\_\_\_  
Source of Opening balance: \_\_\_\_\_
2. Unexpended balance of net proceeds shown on last report: \$ \_\_\_\_\_
3. Net Profit (or Loss) from this license period (*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 Games of Chance 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>Amount</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*

**Preparer of Report:**

\_\_\_\_\_

*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*