



CALENDAR YEAR: _____

January 1st - March 31st April 1st - June 30th July 1st - September 30th October 1st - December 31st

Name of Organization: _____ Bingo ID: _____ License Number: _____
Address: _____ Street _____ City _____ Zip Code _____
Number of Occasions: _____ Number of Players: _____

Instructions: Prepare this report in triplicate. Within 15 days after the end of each calendar quarter, send original to the New York State Gaming Commission, Division of Charitable Gaming, one copy to the municipal clerk and retain one copy for your records. Mail to: New York State Gaming Commission, Charitable Gaming, PO Box 7500, Schenectady, NY 12301-7500.

A. RECEIPTS - (Part "A" of Form BC-7)

Table with 2 columns: Description and Amount. Rows include Total Bingo Receipts, Total Sale of Supplies, Total Other Receipts (Rent, etc), and Total Receipts (Add lines A1 through A3).

B. EXPENDITURES

Table with 2 columns: Description and Amount. Rows include Total Prizes, Total Rent (if applicable), Total License Fee, Total Bingo Equipment, Total Services, Total Other Expenses, and Total Expenditures (Add lines B1 through B6).

C. NET PROFIT OR (LOSS)

Table with 2 columns: Description and Amount. Rows include Total Profit or (Loss) Before Additional License Fee (Line A4 less line B7), Total additional license fee, and Total Net Profit or (Loss) (line C1 less line C2).

D. DISPOSITION OF AND ACCOUNTING NET PROCEEDS

Table with 2 columns: Description and Amount. Rows include Unexpended balance of net proceeds shown on last BC-7Q (Line F of BC-7Q), Net Profit or (Loss) from this period (Line C3), Interest earned on net proceeds on deposit in interest bearing account(s), Other deposits into or adjustments in Special Bingo Account (if applicable), Explanation, and Total net proceeds (add lines D1 through D4).

E. TOTAL DISBURSEMENTS OF NET PROCEEDS FROM SPECIAL BINGO ACCOUNT SINCE LAST BC-7Q REPORT (same as line H) \$ _____

F. UNEXPENDED BALANCE OF NET PROCEEDS (LINE D5 LESS LINE E) \$ _____

G. Attach a list of all disbursement checks of net proceeds drawn on special bingo checking account, other than those included in PART "B" (Expenditures), since last BC-7Q report.

H. TOTAL AMOUNT OF CHECKS (Must be the same as Line E) \$ _____

AFFIRMATION

All three sections must be 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.

(Pursuant to Commission Rule 4821.6, "if the financial statement or summary statement of bingo operation filed by a licensee is not properly verified, or not fully, accurately and truthfully completed, no further license shall issue to it, and any existing license shall be suspended until such as time as the default has been corrected".)

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