



Semiannual Bingo Occasion Report

This completed report is due in this office on the 60th day after the last day of the reporting period.
 Your bingo license will indicate the due date for each semiannual report. **Your organization's payment of the occupational tax for the reporting period must accompany this report.**

Make Check Payable To: Dept. of Administration - Gaming

Please Type or Print In Ink

1. Organization Name	2. License Number
3. Organization Address (number, street, city, ZIP code)	
4a. Report Period (refer to license) _____ / _____ / _____ through _____ / _____ / _____	
4b. <input type="checkbox"/> This report is being submitted before the end of the report period stated in 4a. because our organization is not scheduled to hold any other occasions during the remainder of this report period.	
5. If any licensed occasion was not held, please indicate the date(s).	
6. Financial Institution (name, street, city, ZIP code)	7. Bingo Checking Account Number
8. Licensed Supervising Member(s) Responsible for Conduct of These Bingo Occasions	
Name	Address (street, city, ZIP code)
9. Member Designated Responsible for the Proper Utilization of Gross Receipts	
Name	Address (street, city, ZIP code)
I certify that I am the licensed member responsible for the proper utilization of gross receipts for the bingo occasions reported on this form. This report is true and correct to the best of my knowledge and belief. _____ Signature	For Office Use Only
_____ Date	_____ Daytime Telephone Number

10. Receipts <input type="checkbox"/> Check if no occasions were held during six-month reporting period.									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Occasion Date	Regular (Admission) Card Count	Regular (Admission) Card Receipts	Extra Regular Card Count	Extra Regular Card Receipts	Disposable Card Count (Limited or Unlimited)	"Unlimited" Bingo Disposable Game Card Receipts	Limited Period Bingo Receipts	Supplies	Total Receipts *
Totals	XXXXX		XXXXX		XXXXX				

* **Reminder:** DO NOT include sales tax collected from players (see instructions).

11. Expenditures

(a) Occasion or Payment Date	(b) Check Numbers	(c) Prizes	(d) Bingo Supplies	(e) Special (Paper) Cards Purchased	(f) Allowable Expenses	(g) License Fees	(h) Occupational Tax	(i) Subtotal Expenses	(j) Proper and Legitimate Expenditures	(k) Total Expenses and Expenditures
Totals	XXXXX			XXXXX						

12. Balance Sheet						13. Income Statement			14. Proper & Legitimate Expenditure Detail	
(a)	(b)	(c)	(d)	(e)	(f)	(a)	(b)	(c)	(a)	(b)
Occasion or Payment Date	Beginning Balance	Total Receipts (+) [Same as 10(j)]	Total Expenses and Expenditures (-) [Same as 11(k)]	Adjustments (+/-)	New Balance	Total Receipts [Same as 10 (j)]	Subtotal Expenses [Same as 11 (i)]	Net Profit/Loss	Check Number	Amount of Check
Totals	XXXXX				XXXXX				XXXXX	