



Licensing Division, MS-6006
2664 Riva Road
Annapolis, MD 21401

BINGO AND PULL-TAB FINANCIAL REPORT

Within sixty days of the expiration of your license this report must be submitted to account for revenue raised through the use of called bingo games or instant bingo (pull tabs). A separate report is required for revenue from the operation of wheels. 11-2-710 of the Anne Arundel County Code requires that this report be notarized.

Organization _____ License Number: _____

Reporting Period: From _____ To _____

Required Attachments for *called* bingo games:

1. a copy of the printed program, if used
2. cost to play
3. a listing of the names, addresses, ages and date of membership of all individuals who managed or operated the games during the reporting period

Required Attachments for *instant* bingo:

1. a sample of any pull-tab used during the reporting period, if available
2. the cost of a pull-tab
3. a listing of the names, addresses, ages and date of membership of all individuals who managed or operated pull tab sales during the reporting period

A. GROSS INCOME

Regular Bingo \$ _____
 Instant Bingo (pull-tabs) \$ _____
 Other \$ _____

Describe _____

'A' TOTAL: \$ _____

B. PRIZES AWARDED

Regular Bingo \$ _____
 Instant Bingo \$ _____
 Other Prizes \$ _____

Describe _____

'B' TOTAL: \$ _____

C. EXPENSES

Bingo Supplies \$ _____
 Instant Supplies \$ _____
 Jackpot Accrued \$ _____
 Advertising \$ _____
 Other \$ _____

Describe _____

'C' TOTAL: \$ _____

'A' TOTAL \$ _____

(Minus) 'B' TOTAL \$ _____

(Equals) NET BINGO REVENUE \$ _____

(Minus) 'C' TOTAL \$ _____ (Equals)

PROCEEDS \$ _____

DISTRIBUTION OF PROCEEDS *(Attach additional sheets as needed):*

Recipient(s)	Amount	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, certify that I am a member of the organization named herein and,
(Printed name of report preparer)
under the penalties of perjury, state that the information contained in this financial report is true and correct based upon my personal knowledge.

Signature _____

Date _____

Phone _____

NOTARY

THIS CERTIFIES that before the subscriber, a _____ of the State of Maryland, personally appeared _____, on behalf of the organization named in this report and made oath in due form of law that he/she has read the report and that the statements contained therein are true to the best of his/her knowledge and belief.

Sworn to before me this _____ day of _____ 20__.

Notary Public