

GEORGIA BINGO ANNUAL REPORT

FOR YEAR 20_____

Under Official Code of Georgia Annotated Section 16-12-59 & the Bingo Rules of the Georgia Bureau of Investigation 92-2-.10 - Form B04 must be prepared by a Certified or Registered Public Accountant. Please type or print neatly.

NAME OF ORGANIZATION		POST/CHAPTER/LODGE NO.		BINGO LICENSE NO.	
ADDRESS				SALES TAX REGISTRATION NO.	
CITY		STATE		ZIP CODE	
				METHOD OF ACCOUNTING? CHECK ONE:	
				() CASH () ACCRUAL	
(1) TOTAL RECEIPTS FROM BINGO OPERATIONS (Do not include food/alcohol)				1	\$
(2) TOTAL PRIZES PAID OUT (Include value of non-cash prizes)				2	\$
(3) GROSS PROCEEDS (Subtract line 2 from line 1):				3	\$
(4) BINGO EXPENSES (Do not include food/alcohol):					
(4a) SALES TAX PERCENTAGE FOR COUNTY:		4a	%		
(4b) SALES TAX COLLECTED ON BINGO RECEIPTS:		4b		\$	
(4c) SALARIES PAID TO WORKERS (DO NOT INCLUDE SNACK BAR OR OTHER PAID EMPLOYEES EXCEPT \$30/DAY FOR BINGO WORKERS)		4c		\$	
(4d) STATE/FEDERAL TAXES/ FICA WITHHELD (BINGO WORKERS):		4d		\$	
(4e) TOTAL SALARIES (ADD LINE (4C+4D):		4e		\$	
(4f) BINGO LICENSE FEE:		4f		\$	
(4g) RENT/MORTGAGE PAYMENT:		4g		\$	
(4h) UTILITIES:		4h		\$	
(4i) INSURANCE FEES:		4i		\$	
(4j) LEGAL FEES:		4j		\$	
(4k) ACCOUNTING FEES:		4k		\$	
(4l) BINGO SUPPLIES (CARDS, DAUBERS, ETC.):		4l		\$	
(4m) OFFICE SUPPLIES, PRINTING & POSTAGE:		4m		\$	
(4n) JANATORIAL SERVICES:		4n		\$	
(4o) SECURITY GUARD SERVICES:		4o		\$	
(4p) OTHER (ITEMIZE):		4p		\$	
(4q) OTHER (ITEMIZE):		4q		\$	
(4r) OTHER (ITEMIZE):		4r		\$	
(4s) TOTAL EXPENSES (ADD LINES 4b+4e+4f THRU 4r):				4s	\$
(5) TOTAL DONATIONS (LIST ON NEXT PAGE)				5	\$
<i>*NOTE: Do not include funds transferred to general funds:</i>					
(6) TOTAL (ADD LINE 4S + LINE 5)				6	\$
(7) NET PROCEEDS (Subtract Line 6 from Line 3) *Note:				7	\$
<i>Total should not be less than -0-. Itemize on bottom of next page how net proceeds will be spent.</i>					
Under penalties of making a false statement, I declare that I have examined this report, including any attachments, and by providing my signature below I certify the accuracy of this record to the best of my knowledge.			Under penalties of false statements, I declare that I have prepared this report, including any attachments, and to the best of my knowledge and belief, it is true, correct and complete.		
Signature of Organization Officer			Signature of CPA or RPA and Title		
Name of Officer (Type or Print)			Firm Name		Mailing Address
Title			City		Zip Code
Daytime Telephone Number			Business Telephone Number		
Date			Date		

GBI FORM B04 (03/12)	(5) ITEMIZED DONATIONS	FOR YEAR 20 _____
NAME OF CHARITY OR NAME OF PERSON RECEIVING DONATION	ADDRESS OF CHARITY OR PERSON	AMOUNT
		\$
	TOTAL (ENTER LINE 5) USE MORE PAGES IF NEEDED	\$
	RECIPIENTS OF NET PROCEEDS	
NAME OF PERSON/COMPANY	ADDRESS	AMOUNT
		\$
	TOTAL (ATTACH ADDITIONAL PAGES IF NECESSARY)	\$