

MONTHLY BINGO REPORT

Licensee's Name _____
Month _____ Year _____

Monthly Receipts

- (1) Total Adjusted Gross Receipts for Month
(Cumulative Total from line 9 of all Session Reports
for Month).....(1) \$ _____
- (2) Total Prizes Paid Out for Month
(Cumulative Total from line 10 of all Session Reports
for Month).....(2) \$ _____
- (3) **Total Monthly Gross Proceeds**.....(3) \$ _____

Operating Expenses

- (4) Total Paid to Bingo Operators During Month
(Cumulative Total from line 12 of all Session Reports
for Month).....(4) \$ _____
- (5) Utilities.....(5) \$ _____
- (6) Rent.....(6) \$ _____
- (7) Bingo Supplies.....(7) \$ _____
- (8) Sales Tax.....(8) \$ _____
- (9) Other _____(9) \$ _____
- (10) **Total Monthly Expenses**.....(10) \$ _____

Net Receipts

- (11) Total Monthly Gross Proceeds (from line 3).....(11) \$ _____
- (12) Less Total Monthly Expenses (from line 10).....(12) \$ _____
- (13) **Total Monthly Net**.....(13) \$ _____

I do solemnly swear, under penalty of a felony for false statements, that the above statements are true and correct.

Prepared by _____

(Attach Bingo Session Reports for month reflected.)