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.)