



**CITY OF CARSON
REVENUE DIVISION**

701 East Carson Street • P. O. Box 6234 • Carson, CA 90749
Phone: (310) 952-1748 • Fax (310) 518-2874
E-mail Address: revenue@carson.ca.us

PERMIT NO. _____

- NEW RENEW
- CHANGE OF ADDRESS

PLEASE PRINT OR TYPE ONLY

BINGO STANDARD AUDIT REPORT
REPORTING PERIOD: FROM ____ TO ____

NAME OF ORGANIZATION: _____

ADDRESS: _____

GROSS RECEIPTS FROM BINGO OPERATION: \$ _____ (A)

LESS (-) PRIZES PAID OUT: \$ _____ (B)

NET RECEIPTS FROM BINGO OPERATION: \$ _____ (C)

LESS (-) ITEMIZED DEDUCTIONS: (Please complete Schedule A)

- 1. Total Bingo Operating Expenses: \$ _____
(Amount from Schedule A – Section I)
- 2. Total Charitable Disbursements: \$ _____
(Amount from Schedule A – Section II)
- 3. Total Bingo Itemized Deductions: [Lines (1) + (2)] \$ _____ (D)

NET REMAINING CHARITABLE FUNDS: [Subtract lines (D) from (C)] \$ _____ (E)

C.P.A. CERTIFICATION is required if your organization is not exempted from Bingo License Fee and Audit Report pursuant to sections (1), (2) and (3) of provision 6718 of the Carson Municipal Code

We declare under the penalty of perjury that the above information is true and correct

(Signature)

(Please print your Name & Title)

(Signature)

(Please print your Name & Title)

(Date)



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SCHEDULE A
STATEMENT OF OPERATING EXPENSES & DISBURSEMENT OF FUNDS

NAME OF ORGANIZATION: _____

SECTION I – BINGO OPERATING EXPENSES

(Use additional sheets as necessary)

CHECK NO.	PAYEE'S NAME	PAYEE'S SS#	TYPES OF EXPENSES	AMOUNT
				\$
TOTAL BINGO OPERATING EXPENSES				\$

SECTION II – DISBURSEMENT OF FUNDS FOR CHARITABLE PURPOSES

(Use additional sheets as necessary)

NAME & ADDRESS OF ORGANIZATION RECEIVING FUNDS:	AMOUNT
	\$
TOTAL CHARITABLE DISBURSEMENTS	\$