



# CITY OF CARSON REVENUE DIVISION

## BINGO MONTHLY INCOME AND EXPENSE STATEMENT

MONTH OF: \_\_\_\_\_ PERMIT NO.: \_\_\_\_\_  
ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

### BINGO SALES:

Paper Card Sales . . . . . \$ \_\_\_\_\_  
Pull Tab Sales . . . . . \$ \_\_\_\_\_  
Other Sales (Daubers, markers, etc.) . . . . . \$ \_\_\_\_\_  
Floor Sales . . . . . \$ \_\_\_\_\_  
TOTAL SALES . . . . . \$ \_\_\_\_\_ (A)

### PRIZES AWARDED:

Hard Cards . . . . . \$ \_\_\_\_\_  
Paper Cards . . . . . \$ \_\_\_\_\_  
Pull Tabs . . . . . \$ \_\_\_\_\_  
Door Prizes . . . . . \$ \_\_\_\_\_  
TOTAL PRIZES AWARDED (NOT to exceed 90% of Total Sales) . . . . . \$ \_\_\_\_\_ (B)

BINGO SALES LESS PRIZES AWARDED . . . . . \$ \_\_\_\_\_ (C)

BINGO ENFORCEMENT FEES: [Amount in line (B) x 0.00900 (or 0.900%)] . . . . . \$ \_\_\_\_\_ (D)

### BINGO EXPENSES:

The following expenses are NOT to exceed 20% of Line (C):

Rent-Premises/equipment (prorated for bingo use) . . \$ \_\_\_\_\_  
Utilities (prorated for bingo use) . . . . . \$ \_\_\_\_\_  
Supplies (paper cards, daubers, markers, etc.) . . . . \$ \_\_\_\_\_  
Advertising . . . . . \$ \_\_\_\_\_  
Clean-up . . . . . \$ \_\_\_\_\_  
Security . . . . . \$ \_\_\_\_\_  
Other (itemize) . . . . . \$ \_\_\_\_\_  
Subtotal . . . . . \$ \_\_\_\_\_ (a)  
Amt. from Line (C) x 20% . . . . . \$ \_\_\_\_\_ (b)  
Compare Lines (a) and (b), ENTER smaller amount here . . . . . \$ \_\_\_\_\_ (E)

NET PROFIT AVAILABLE FOR CHARITY [Subtract Lines (D & E) from Line (c)] . . . . . \$ \_\_\_\_\_

### DISBURSEMENT OF FUNDS FOR CHARITABLE PURPOSES

Have funds been disbursed during the reporting period?  Yes  No

If, YES, to whom sent: \_\_\_\_\_

Amt \$ \_\_\_\_\_ Ck No. \_\_\_\_\_ Date: \_\_\_\_\_ Amt \$ \_\_\_\_\_ Ck No. \_\_\_\_\_ Date: \_\_\_\_\_

Amt \$ \_\_\_\_\_ Ck No. \_\_\_\_\_ Date: \_\_\_\_\_ Amt \$ \_\_\_\_\_ Ck No. \_\_\_\_\_ Date: \_\_\_\_\_

Amt \$ \_\_\_\_\_ Ck No. \_\_\_\_\_ Date: \_\_\_\_\_ Amt \$ \_\_\_\_\_ Ck No. \_\_\_\_\_ Date: \_\_\_\_\_

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THE INCOME AND EXPENSE STATEMENT IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THIS FORM SHALL BE FILED WITH THE REVENUE DIVISION ON OR BEFORE THE FIFTEENTH (15<sup>TH</sup>) DAY OF EACH MONTH AND MUST BE ACCOMPANIED BY A CHARITABLE DISPOSITION OF BINGO PROCEEDS FORM AND ANY FEES DUE AND PAYABLE TO THE CITY OF CARSON.

### BELOW FOR OFFICE USE ONLY

BINGO ENFORCEMENT FEES: \$ \_\_\_\_\_ PMT. DATE: \_\_\_\_\_ REC. NO.: \_\_\_\_\_ BY: \_\_\_\_\_



**CITY OF CARSON**  
**REVENUE DIVISION**

**MONTHLY CHARITABLE DISPOSITION OF BINGO FUNDS**  
**6726 CMC**

MONTH OF: \_\_\_\_\_ PERMIT NO.: \_\_\_\_\_  
DONOR ORGANIZATION \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF BENEFICIARY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

AMOUNT OF CONTRIBUTION RECEIVED \$ \_\_\_\_\_  
DATE CONTRIBUTION RECEIVED \_\_\_\_\_

A STATEMENT OF THE BENEFICIARY'S PURPOSE, GOAL, NATURE OR OTHER CONSIDERATION WHICH JUSTIFIES CHARACTERIZING A DONATION TO THE BENEFICIARY AS CHARITABLE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A STATEMENT OF THE BENEFICIARY'S INTENDED USE OF THE DONATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE BE ADVISED THAT THE BENEFICIARY MUST PROVIDE WRITTEN NOTIFICATION TO THE FINANCE OFFICER IF ANY DISPOSITION OF THE DONATION VARIES MATERIALLY FROM THE INTENDED USE.**

WE DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature Date Title  
\_\_\_\_\_  
Signature Date Title

THIS FORM TO BE COMPLETED BY THE BENEFICIARY WITH A COPY TO THE DONOR ORGANIZATION AND A COPY TO THE REVENUE DIVISION, CITY OF CARSON.