

**CHARITABLE
BINGO ORGANIZATION
MONTHLY REPORT**



Name of Organization:

dba _____

Monthly Report For:

MISSISSIPPI GAMING COMMISSION

Charitable Gaming Division -- 620 North Street, Suite 200

P. O. Box 23577 -- Jackson, Mississippi 39225-3577

Phone: (800) 504-7529 or (601) 576-3850

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MISSISSIPPI GAMING COMMISSION

CHARITABLE BINGO ORGANIZATION MONTHLY REPORT

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FEES DUE:

1 CALCULATION FOR TRADITIONAL BINGO REVENUE FEE:

- A. CLASS A: REVENUE FEES DUE (Multiply Gross Receipts [Line 7C, page 1] by .01) \$ _____ -
- B. CLASS B & C: REVENUE FEES DUE (Multiply Gross Receipts [Line 7C, page 1] by .005) \$ 0

2 A. CALCULATION FOR ELECTRONIC PULL TAB DEVICES REVENUE FEE

Electronic Gross Receipts Line 9, page 2 minus Electronic Prize Line 12C, Page 2 equals NET. Multiply NET by .025) \$ 0

B. CALCULATION FOR ORGANIZATION OWNED PULL TAB DEVICES FEE

\$50.00 per machine per month or any part of a month. \$ 0

3 LATE FEES:

A. LATE FILING FEE - If the report is postmarked or otherwise filed after the due date, a late filing fee shall be assessed in the amount of \$20.00 per day for each day that the report is late, up to 15 days. (Late filing may result in a recommendation of revocation of license or other disciplinary action. Where the report is more than 15 days late, a recommendation of revocation of license will be made.) \$ _____

B. LATE PAYMENT OF FEE - payment of revenue fees is made after the due date, a late payment fee shall be assessed in an amount equal to 25% of the revenue fees due, as shown on Line 1A or 1B and Line 2A and 2B. (Failure to timely submit payment of revenue fee due may result in a recommendation of revocation of license or other disciplinary action.) \$ _____

4 TOTAL OF LATE FEE: (Add lines 3A and 3B) \$ _____ -

5 TOTAL AMOUNT DUE WITH REPORT: (Add lines 1A or 1B, Line 2 and Line 4) \$ _____ -

6 TOTAL NUMBER OF SESSIONS CONDUCTED DURING MONTH
(Complete Schedule G) _____



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REVENUE AND EXPENSES:

7	GROSS RECEIPTS:	
	A. Gross Receipts from Traditional Bingo Games (Complete Schedule H)	\$ _____
	B. Gross Receipts from Electronic Daubers (Complete Schedule H)	_____ -
	C. TOTAL BINGO RECEIPTS: (Total of lines 7A and 7B)	\$ _____ -
8	GROSS RECEIPTS FROM MANUAL PULL TABS (Complete Schedule C)	\$ _____ -
9	GROSS RECEIPTS FROM ELECTRONIC DEVICES (Complete Schedule D)	_____ -
10	MISCELLANEOUS RECEIPTS (Interest, re-deposit checks, dauber, etc.)(Complete Schedule H)	_____ -
11	TOTAL RECEIPTS: (Total of lines 7C through 10)	\$ _____ -
12	PRIZES AWARDED:	
	A. BINGO PRIZES (From Schedule G)	\$ _____
	B. PULL TAB PRIZES (From Schedule C)	_____ -
	C. ELECTRONIC DEVICES PRIZES (From Schedule D)	_____ -
	D. TOTAL PRIZES: (Add lines 12A through 12C)	\$ _____ -
13	EXPENSES:	
	A. SUPPLIES (from Licensed Distributors)	\$ _____
	B. EQUIPMENT RENTAL, LEASE OR SERVICE AGREEMENT (Electronic Daubers)	_____
	C. ELECTRONIC DEVICE RENTAL, LEASE OR SERVICE AGREEMENT (Electronic Pull Tabs) (Complete Schedule D)	_____ -
	D. EQUIPMENT PURCHASES	_____
	E. BOOKKEEPING	_____
	F. SECURITY	_____
	G. JANITORIAL	_____
	H. RENT OR LEASE ON PREMISES	_____
	I. UTILITIES	_____
	J. COMPENSATION PAID (Complete Schedule A)	_____ -
	K. TAXES (Withheld & Employers' tax)	_____
	L. BANK CHARGES (Monthly Bank Fee)	_____
	M. RETURNED CHECKS (Complete Schedule F)	_____
	N. OTHER EXPENSES (Complete Schedule E)	_____
	O. TOTAL EXPENSES: (Add lines 13A through 13N)	\$ _____ -
14	TOTAL EXPENDITURES: (Total of lines 12D and 13O)	\$ _____ -
15	NET PROCEEDS: (Line 11 minus Line 14)	\$ _____ -



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CONTRIBUTIONS

15 NET PROCEEDS: (From previous page) \$ _____ -

A. BEGINNING OF THE MONTH RECONCILED BANK BALANCE (This should be the same as the Reconciled Bank Balance at the end of the month from the previous monthly report [Line 15C]) \$ _____

TOTAL AVAILABLE FOR DISTRIBUTION TO CHARITY \$ _____ -

B. CONTRIBUTIONS DURING MONTH TO CHARITY (Complete Schedule B) \$ _____ -

C. END OF THE MONTH RECONCILED BANK BALANCE (Reconcile To Bank Statement) **\$ _____ -**
 [Bring this amount forward to Line 15A on next month's report.]

START BANK:

D. CASH AT BEGINNING OF MONTH (Last month's Line 15E) \$ _____

E. CASH AT END OF MONTH (Carry to next month's Line 15D) \$ _____

16 EXPENSES INCURRED BUT UNPAID (Complete Schedule I) \$ _____

17 60/40 CALCULATION (CURRENT MONTH)

A. ADJUSTED GROSS (Line 11 - Line 12D - Line 1 - Line 2A - Line 2B) \$ _____

B. 60/40 EXPENSE (Line 13 O - Line 1 - Line 2A - Line 2B / Line 17 A) _____

BEFORE SIGNING THIS REPORT, PLEASE READ CAREFULLY THE REGULATIONS PRESCRIBING NECESSARY REPORTS THAT MUST BE KEPT BY THE CHARITABLE BINGO LICENSEE. THIS RETURN IS A RECAPITULATION OF THAT INFORMATION. YOU ARE REQUIRED BY LAW TO IDENTIFY ALL EXPENSE AND TO WHOM EACH ITEM HAS BEEN PAID.

I HEREBY DECLARE UNDER PENALTIES OF LAW THAT THIS REPORT TOGETHER WITH ALL SCHEDULES, HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE AND CORRECT REPORT.

REPORT PREPARED BY
 (PRINT OR TYPE)

DATE

TELEPHONE NUMBER
 (HOME)

REPORT PREPARED BY
 (SIGNATURE)

TELEPHONE NUMBER
 (WORK)

BINGO SUPERVISOR
 (PRINT OR TYPE)

DATE

TELEPHONE NUMBER
 (HOME)

BINGO SUPERVISOR
 (SIGNATURE)

TELEPHONE NUMBER
 (WORK)



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B. PROFIT DISTRIBUTION TO CHARITY

Yes-Complete worksheet below.

No

	NAME OF CHARITY	DATE	CHECK	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
TOTAL AMOUNT DISTRIBUTED TO CHARITY			\$	-



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C. MANUAL PULL TABS

Yes-Complete worksheet below. No

GROSS RECEIPTS FROM MANUAL PULL TABS

(Record this amount on Page 2, Line 8) (From total on Schedule H)

\$ _____ -

LESS: PRIZES AWARDED

(Record this amount on page 2, line 12B)

\$ _____

LESS: COST OF MANUAL PULL TABS

From total on Schedule H (Attach copies of invoices)

\$ _____ -

NET PROCEEDS FROM MANUAL PULL TABS

\$ _____ -



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G. SESSIONS RECONCILIATION REPORT:

Yes-Complete Schedule below. No

WEEK ONE	DATE	SESSION TIME		*DOLLAR AMOUNT OF TOTAL PRIZES AWARDED	NUMBER OF PATRONS	TOTAL COMPENSATION PAID
SESSION #		BEGINNING	ENDING			
1						
2						
3						
4						
5						
6						
7						
8						
TOTAL WEEK ONE						

WEEK TWO	DATE	SESSION TIME		*DOLLAR AMOUNT OF TOTAL PRIZES AWARDED	NUMBER OF PATRONS	TOTAL COMPENSATION PAID
SESSION #		BEGINNING	ENDING			
1						
2						
3						
4						
5						
6						
7						
8						
TOTAL WEEK TWO						

(* Exclude Pull Tabs & Electronic Devices)



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G. SESSIONS RECONCILIATION REPORT:

WEEK THREE	DATE	SESSION TIME		*DOLLAR AMOUNT OF TOTAL PRIZES AWARDED	NUMBER OF PATRONS	TOTAL COMPENSATION PAID
SESSION #		BEGINNING	ENDING			
1						-
2						
3						
4						
5						
6						
7						
8						
TOTAL WEEK THREE						

WEEK FOUR	DATE	SESSION TIME		*DOLLAR AMOUNT OF TOTAL PRIZES AWARDED	NUMBER OF PATRONS	TOTAL COMPENSATION PAID
SESSION #		BEGINNING	ENDING			
1						-
2						
3						
4						
5						
6						
7						
8						
TOTAL WEEK FOUR						

(* Exclude Pull Tabs & Electronic Devices)



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G. SESSIONS RECONCILIATION REPORT:

WEEK FIVE	DATE	SESSION TIME		*DOLLAR AMOUNT OF TOTAL PRIZES AWARDED	NUMBER OF PATRONS	TOTAL COMPENSATION PAID
SESSION #		BEGINNING	ENDING			
1						-
2						
3						
4						
5						
6						
7						
8						
TOTAL WEEK FIVE						

WEEK SIX	DATE	SESSION TIME		*DOLLAR AMOUNT OF TOTAL PRIZES AWARDED	NUMBER OF PATRONS	TOTAL COMPENSATION PAID
SESSION #		BEGINNING	ENDING			
1						
2						
3						
4						
5						
6						
7						
8						
TOTAL WEEK SIX						

(*) Exclude Pull Tabs & Electronic Devices



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G. SESSIONS RECONCILIATION REPORT:

RECAP:

WEEK	NUMBER OF SESSIONS	*DOLLAR AMOUNT OF TOTAL PRIZES AWARDED	NUMBER OF PATRONS	TOTAL COMPENSATION PAID
1				
2				
3				
4				
5				
6				
TOTAL FOR MONTH				

