

- ATTENTION:** 1. File completed report within 10 days after bingo session.
 2. Submit check payable to TOWN OF KILLINGLY
 3. Mail report to 172 MAIN ST., KILLINGLY, CT 06239

NAME OF ORGANIZATION			PERMIT NUMBER
ADDRESS (No. and Street)			TELEPHONE NUMBER
(City or Town)		(State)	(Zip Code)
DATE OF SESSION	DAY OF SESSION	TIME OF SESSION pm to pm	NUMBER OF PLAYERS

SCHEDULE 1. BINGO INCOME STATEMENT

A. REVENUE

TYPE OF SALE	Identifiable Admissions	WTA #1	WTA #2	Package Sales	Special #1	Special #2	Special #3	Special #4	Special #5	Special #6	Special #7
NUMBER OF CARDS											
PRICE											
GAME RECEIPTS											
TYPE OF SALE	Special #8	Special #9	Special #10	Special #11	Special #12	Special #13	Special #14	Special #15	Special #16	Special #17	Special #18
NUMBER OF CARDS											
PRICE											
GAME RECEIPTS											

1. Total bingo game receipts (from schedule above) \$ _____
2. Sales of supplies \$ _____
3. Other receipts (explain) (_____) \$ _____
4. TOTAL REVENUE (add items 1 through 3) \$ _____

B. EXPENSES

1. Cash prizes (Schedule 2, part A, TOTAL plus schedule 2, part C, TOTAL CASH DOOR PRIZES) \$ _____
2. Fee paid to Treasurer, State of Connecticut (Schedule 3, line 5) Check Number _____ \$ _____
3. Other expenses and/or Goodwill Payments (actually paid)

CHECK NO.	NAME OF PAYEE	DESCRIPTION	AMOUNT
a.			
b.			
c.			
d.			

- Total other expenses (add items a through d) \$ _____
4. TOTAL EXPENSES (add items 1 through 3) \$ _____

C. NET PROFIT (LOSS)

1. Net Profit (Loss) (from Part A, Line 4, TOTAL REVENUE, deduct Part B, line 4, TOTAL EXPENSES) \$ _____

STARTING CASH BANK \$	DEPOSIT MADE BY	PIN #	AMOUNT OF DEPOSIT \$	DATE OF DEPOSIT
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TOWN OF KILLINGLY, CT

Town Manager's Office
 172 Main Street
 Killingly, CT 06239
 Email: jlaroche@killinglyct.gov
 Web site: www.killinglyct.gov

QUARTERLY BINGO SUMMARY WORKSHEET
 Rev. 3/16/16

This report is to be submitted online within 2 weeks of the end of each quarter (select quarter):

January-March	April-June	July-September	October-December	Permit Number

Name of Organization	
Address (No. and Street, City or Town, State, Zip Code)	
Telephone	
Email address	

Session Number	#1	#2	#3	#4	#5	#6	#7	Sub-total A
Session Date								→ Add #1 thru #7 Line 1
Total Receipts ¹								→ Add #1 thru #7 Line 2
Value of Prizes (cash & merch.) ²								
Check if grand prize won								

Session Number	#8	#9	#10	#11	#12	#13	#14	Sub-total B
Session Date								→ Add #8 thru #14 Line 3
Total Receipts ¹								→ Add #8 thru #14 Line 4
Value of Prizes (cash & merch.) ²								
Check if grand prize won								

Note: If a session is not held, please enter "0" in "Total Receipts" for that Session Date.

¹ - Taken from "Ten Day Bingo Report" Schedule 3, Line 1

² - Taken from "Ten Day Bingo Report" Schedule 3, Line 2 + Line 3

Total Receipts: Line 1 + Line 3
 Value of Cash & Prizes: Line 2 + Line 4

Submitted By	
Date	

Net Receipts: Line 6 deducted from Line 5
 Amount Due to "Treasurer of State of CT": Multiply Line 7 by 0.05

Total	Line 5
	Line 6
	Line 7
	Line 8