



CITY OF LOS ANGELES BINGO GAMING INCOME AND EXPENSE STATEMENT

Month: _____ Year: _____

Organization Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

BINGO SALES

Electronic Units	\$ _____	
Paper Card Sales	\$ _____	
Pull Tab Sales	\$ _____	
Other Sales (Daubers, Markers, etc.)	\$ _____	
Total Sales		\$ _____

CASH PRIZES AWARDED

Hard Cards	\$ _____	
Paper Cards	\$ _____	
Pull Tabs	\$ _____	
Total Prizes Awarded		\$ _____

BINGO SALES (minus) PRIZES \$ _____

BINGO EXPENSES

Percentage License Fee	\$ _____	
Rent - Premise and/or Equipment	\$ _____	
Utilities (Prorated to Bingo Use)	\$ _____	
Supplies (Paper Cards, Daubers, Markers, Electronic Units, etc)	\$ _____	
Advertising/Promotion Expense	\$ _____	
Clean-Up Expense	\$ _____	
Security	\$ _____	
Other (Itemized on the sheet provided)	\$ _____	
Total Bingo Expense		\$ _____

NET PROFIT - AVAILABLE FOR CHARITY \$ _____

DISBURSEMENT OF FUNDS FOR CHARITABLE PURPOSES (Itemized on the sheet provided)

Sent To: _____

Amount Sent: _____ Date Released: _____



CITY OF LOS ANGELES INDIVIDUAL SESSION REPORT

Date of Game	Number of Players	Total Amount of Sales (1)	Total Amount of Prizes (2)	Total Profit For Deposit (3)	Date Profit Deposited
Totals					

***Computation Table: Total Amount of Sales - Total Amount of Prizes = Total Profit For Deposit*
**Totals must include all Bingo Sales and Prizes.*

COMPUTATION OF MONTHLY BINGO LICENSE FEE

TOTAL PRIZE PAYOUTS	\$ _____
LESS EXEMPTION OF	\$ 2,000 _____
AMOUNT SUBJECT TO FEES	\$ _____
FEE (0.922%)	\$ _____

This form shall be filed with Charitable Services Section on the 15th of every month providing information for the prior month. Failure to file by the due date may result in the revocation of the issued Bingo License. Failure to pay the required fee may also result in the suspension and/or revocation of the issued Bingo License. Attach a check or money order for the fee amount made payable to the **CITY OF LOS ANGELES**.

The report must be signed by TWO OFFICERS of the organization in order to be executed, and confirm the statements and information provided are true and correct.

Organization Officer - Signature	Print Name	Title	Date
Organization Officer - Signature	Print Name	Title	Date