

Town of Thompson CT

<http://www.thompsonct.org>

Selectmenoffice@thompsonct.org



QUARTERLY BINGO SUMMARY WORKSHEET

Rev. 10/01/18

Submit check Payable to:

Town of Thompson CT

815 Riverside Dr., P. O. Box 899

North Grosvenordale, CT 06255

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
Session Date							
Total Receipts ¹							
Value of Prizes (cash & merch.) ²							
Check if grand prize won							

Sub-total A	
→ Add #1 thru #7	Line 1
→ Add #1 thru #7	Line 2

Session Number	#8	#9	#10	#11	#12	#13	#14
Session Date							
Total Receipts ¹							
Value of Prizes (cash & merch.) ²							
Check if grand prize won							

Sub-total B	
→ Add #8 thru #14	Line 3
→ Add #8 thru #14	Line 4

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	
Total Receipts: Line 1 + Line 3	Line 5
Value of Cash & Prizes: Line 2 + Line 4	Line 6

Submitted By	
Date	

Net Receipts: Line 6 deducted from Line 5	Line 7
Amount Due: Multiply Line 7 by 0.05	Line 8

Town of Thompson CT
 815 Riverside Drive
 P. O. Box 899
 North Grosvenordale, CT 06255
 860-923-9561
Selectmenoffice@thompsonct.org
<http://www.thompsonct.org>



TEN DAY BINGO REPORT

- ATTENTION: 1. File completed report within 10 days after bingo session.
 2. Submit check payable to: Town of Thompson CT
 3. Mail report to: 815 Riverside Dr., P. O. Box 899, N. Grosvenordale, CT 06255

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
\$			\$	

SCHEDULE 2. LIST OF PRIZES

A. SUMMARY OF CASH BINGO GAME PRIZES

PRIZE	NO. OF GAMES	TOTALS
WTA #1		\$ *
WTA #2		\$ *
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
Amount of Special Grand Prize #1 for this session		\$
Amount of Special Grand Prize #2 for this session		\$
Breakage		\$
TOTAL		\$

*Amount awarded after 10% has been deducted

C. DOOR PRIZE(S)

MERCHANDISE DOOR PRIZE SECTION	
DESCRIPTION	VALUE
	\$
	\$
	\$
TOTAL MERCHANDISE DOOR PRIZE(S)	\$
CASH DOOR PRIZE SECTION	
TOTAL CASH DOOR PRIZE (S)	\$

SCHEDULE 3. CALCULATION OF FEE

1.	Total bingo game receipts (schedule 1, part A, line 1)	\$
2.	Total cash bingo game prizes (schedule 2, part A, Total)	\$
3.	Total merchandise bingo game prizes (schedule 5, Grand Total)	\$
4.	Net receipts (deduct lines 2 and 3 from line 1)	\$
5.	Total fee due (multiply line 4 by .05)	\$

B. SPECIAL GRAND PRIZE #1 (PROGRESSIVE)

	SESSION DATE	AMOUNT
Week #1		\$
Week #2		\$
Week #3		\$
Week #4		\$
Week #5		\$
Week #6		\$
Week #7		\$
Week #8		\$
Week #9		\$
Week #10		\$
Week #11		\$
Week #12		\$
Week #13		\$
Week #14		\$
Week #15		\$
Week #16		\$
TOTAL PAID FOR SPECIAL GRAND PRIZE #1		\$

D. SPECIAL GRAND PRIZE #2 (PROGRESSIVE)

	SESSION DATE	AMOUNT
Week #1		\$
Week #2		\$
Week #3		\$
Week #4		\$
Week #5		\$
Week #6		\$
Week #7		\$
Week #8		\$
Week #9		\$
Week #10		\$
Week #11		\$
Week #12		\$
Week #13		\$
Week #14		\$
Week #15		\$
Week #16		\$
TOTAL PAID FOR SPECIAL GRAND PRIZE #2		\$

LIST WINNER(S) FOR SPECIAL GRAND PRIZE(S):

CHECK NO.	NAME OF PAYEE	AMOUNT
		\$
		\$
		\$
		\$
		\$

SCHEDULE 4. DISPOSITION OF, AND ACCOUNTING FOR NET PROFIT (Contribution/Donation)

	DATE	CHECK NO.	NAME OF PAYEE	DESCRIPTION	AMOUNT
1.					
2.					
TOTAL DISBURSEMENTS					\$

I DO HEREBY MAKE OATH THAT THE STATEMENT IN THE FOREGOING REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE.

I DO HEREBY MAKE OATH THAT THE STATEMENT IN THE FOREGOING REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE.			FOR OFFICE USE ONLY
SIGNATURE OF MEMBER-IN-CHARGE/DESIGNEE OF BINGO SESSION	PIN #	DATE	Check Number
SIGNATURE OF RANKING OFFICER	PIN #	DATE	
FORM PREPARED BY (Please Print)	PIN #	TELEPHONE NUMBER	Amount
			\$

PERMIT NUMBER
DATE OF SESSION
(Zip Code)

[illegible]

GAME NUMBER	DESCRIPTION OF PRIZE(S)	VALUE OF PRIZE(S)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
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		\$
		\$
		\$
		\$
	TOTAL page 2	\$
	TOTAL page 1	\$
	GRAND TOTAL	\$