



Charitable Bingo Division

# Schedule F – Bingo Financial Summary

(Rev. 10/07)

**WHO MUST SUBMIT THIS SCHEDULE**

Schedule F must be submitted by an organization applying for an original license to conduct bingo. Additionally, this form would also be submitted by a licensed authorized organization who wishes to transfer money from their general fund to their bingo bank account. This information is required to comply with Section 2001.102(b)(7) of the Bingo Enabling Act.

**FORM SUBMISSION**

**By mail:** Charitable Bingo Operations Division, Texas Lottery Commission, PO Box 16630, Austin, TX 78761-6630 **Via Fax:** (512) 344-5142

**FOR ASSISTANCE** in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our Web site at www.txbingo.org.

**GENERAL INFORMATION**

- Please print legibly or type.
- All financial information requested below must be provided regardless if you are requesting to transfer funds or not.
- Enter the estimated figures for all the following bingo related income and expenses.
- Initial license fees and bond expenses should be paid from the general fund. Once your license is issued, all expenses associated with bingo must be paid from your organization's Bingo Bank Account.
- If needed, an organization pending licensure may transfer funds from its general fund to set-up the Bingo Bank Account for initial expenses or a licensed organization may transfer funds for unplanned expenses.
- The funds to be transferred must be approved in advance by the Charitable Bingo Division and should be repaid within twelve months.

Name of Organization	Taxpayer Number (if issued)
Contact Person	Daytime Phone (Area Code and Number)

**Monthly Bingo Income**

1. Monthly Bingo Receipts from the sale of Regular Bingo, Pull Tabs, Cardminding Devices	<b>Estimate</b>	<b>Actual</b>
	1. \$ _____	\$ _____

**Monthly Bingo Expenses (Enter Details on Reverse Side)**

	<b>Estimate</b>	<b>Actual</b>
2. Bingo Prizes Awarded	2. \$ _____	\$ _____
3. Paper and Pull Tabs purchased from Distributor	3. \$ _____	\$ _____
4. Lease Payment to Distributor for Cardminding Devices	4. \$ _____	\$ _____
5. Bingo Hall Lease or Mortgage	5. \$ _____	\$ _____
6. Payroll	6. \$ _____	\$ _____
7. Loan Repayment	7. \$ _____	\$ _____
8. Utilities	8. \$ _____	\$ _____
9. Advertising	9. \$ _____	\$ _____
10. Other (Explain)	10. \$ _____	\$ _____
11. Total of Lines 2 through 10 (*Line 11 <u>must</u> not be greater than line 1.)	11. \$ _____	\$ _____

**Employee Payroll Calculation**

Position	No. of Individuals	Amt. Paid per Occasion	Total	Position	No. of Individuals	Amt. Paid per Occasion	Total
Cashier(s)	_____ X	_____ = \$	_____	Security	_____ X	_____ = \$	_____
Caller	_____ X	_____ = \$	_____	Other (Specify)	_____ X	_____ = \$	_____
Usher(s)	_____ X	_____ = \$	_____	<b>Total Payroll Per Occasion = \$ _____</b>			
Bookkeeper	_____ X	_____ = \$	_____	<b>Number Of Occasions Per Week 1, 2 or 3 _____</b>			
				<b>Total Monthly Payroll = \$ _____</b>			

**One Time Expenses**

1. Purchase of Bingo Equipment	\$ _____
2. Other (Explain)	\$ _____

**Funds Transfer: Complete the following section if you are requesting to transfer money from the general fund to the Bingo Bank Account.**

Amount of Money Requested to be Transferred: \$ \_\_\_\_\_

_____ <small>Officer of the Organization</small>	_____ <small>Print Name &amp; Title</small>
_____ <small>Date</small>	



Charitable Bingo Division

Schedule F – Details of Bingo Expenses

(Rev. 10/07)

INSTRUCTIONS

- Please list all items of expense intended to be incurred or paid in connection with conducting, promoting, and administering bingo and the names and addresses of persons to whom, and the purposes for which, the expenses are to be paid. (Section 2001.102(b)(7))

Items of expense may include advertising, security; repairs to premises and equipment; bingo supplies and equipment; prizes; rent; mortgage and insurance expenses; bookkeeping, legal, or accounting services related to bingo; fees for callers, cashiers, ushers; janitorial services; utility supplies and services; license fees; attending a bingo seminar or operator training; debit card transaction fees; and employee health insurance or health benefits; leave.

- Please print legibly or type.

Name of Organization Taxpayer Number (if issued)

Name: ABC Distributors Purpose of Expense: Bingo Supplies and Equipment
Address: 1416 Morado Court
Austin, TX 78701

SAMPLE

Name: Purpose of Expense:
Address:

Name: Purpose of Expense:
Address:

Name: Purpose of Expense:
Address:

Name: Purpose of Expense:
Address:

Name: Purpose of Expense:
Address:

Name: Purpose of Expense:
Address:

Name: Purpose of Expense:
Address: