



Charitable Bingo Division

Texas Notice of Unit Accounting

(Rev. 10/08)

UNIT INFORMATION

1.
Unit EIN Number

2.
Unit Name

3.
Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)

City State Zip Code County

Individual's name to contact (PLEASE PRINT)

Enter daytime telephone number of contact person (include Area Code) Alternate phone number (include Area Code)

EFFECTIVE DATE

4. Enter the effective date you intend to begin unit accounting:
Month (MM) Day (DD) Year (YYYY)

MEMBER ORGANIZATION INFORMATION

5. List all licensed authorized organizations which plan to be members of the accounting unit and their associated taxpayer numbers.

Member Organization Taxpayer No.

- No inventory transferred Inventory transferred and a copy attached Inventory transferred and a copy will be sent within 25 days

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PLAYING LOCATION INFORMATION

6.
 Enter the name of the bingo hall where the members are licensed to conduct bingo

Physical address of the bingo hall (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)

City State Zip Code County

Enter the phone number of the bingo hall (include Area Code) Enter the fax number of the bingo hall (include Area Code)

MANAGEMENT

7. Indicate how the accounting unit will be managed.
 Unit Manager (proceed to Item 12) Trustee Organization (proceed to Item 8) Designated Agent (proceed to Item 9)

8. If the accounting unit is being formed pursuant to a trust agreement, complete the following information.

Trust EIN

Enter the name of trustee organizaion Taxpayer Number

9. Enter the name and personal information for the accounting unit's designated agent.

Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number Driver's License Number State

Home Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

City State Zip Code Phone (Area Code and Number)

M F
 Race Gender Date of Birth (MM DD YYYY)

10. Is the individual named in Item 9 an officer or director of a licensed commercial lessor, employed by a licensed commercial lessor, or related to a licensed commercial lessor? Yes No If "Yes," please provide the following:

Lessor Name Taxpayer Number Relationship

11. Does the individual named in Item 9 hold or is listed on another license issued by the commission other than a license held by an authorized organization or association of licensed organizations? Yes No If "Yes," please provide the following:

Name of License Holder Taxpayer Number License Type

12. If the accounting unit will be managed by a licensed unit manager, complete the following information:

Enter the Name of the Unit Manager Unit Manager Taxpayer Number

13. Describe the method by which the net proceeds of the bingo operations of the unit will be apportioned among the members of the unit.

Share equally among members Share based on the number of occasions each member conducts
 Percentage of proceeds Other

sign here
 Signature of Designated Agent or Unit Manager Print Name Date