



Charitable Bingo Operations Division
Bingo Quarterly Report

CONDUCTOR

FORMID 68

FORM SUBMISSION

You may file this form and pay the amount due on the Bingo Service Portal (BSP).

- This report is to be used by Units and Conductors, including Conductors that also hold a Commercial Lessor License.
- Cash Accounting Method must be used to prepare this report.
- **You must file a report even if no games were conducted. Failure to timely file this report may result in an administrative penalty of up to \$300.**
- Make your payments for the amount in Item 6a payable to: **STATE COMPTROLLER**. Do not staple your check to this report.

USPS Delivery: Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

Courier Delivery: Texas Lottery Commission, Charitable Bingo Operations Division, 611 E. 6th Street, Austin, TX 78701-3715

Fax: 1-512-344-5142

Email: bingo.services@lottery.state.tx.us

Website: txbingo.org

License Number	Taxpayer Number	Filing Period	Quarter
		-	

Organization/Unit Name

BINGO OCCASIONS / ATTENDANCE

- | | | |
|---|----|----------------------|
| 1. Total number of occasions this quarter | 1. | <input type="text"/> |
| 2. Total number of persons attending this quarter | 2. | <input type="text"/> |

BINGO GAMING ACTIVITY (WHOLE DOLLARS, Items 3 thru 1a)

	GROSS RECEIPTS		PRIZES AWARDED	
3. Regular bingo - paper/hard cards	<input type="text"/>	Over \$50	<input type="text"/>	5.
4. Regular bingo - electronic cards	<input type="text"/>	\$50 or less*	<input type="text"/>	6.
5. Total regular bingo (3 + 4)	<input type="text"/>	-	<input type="text"/>	7.
6. Pull-tab bingo - Event	<input type="text"/>	-	<input type="text"/>	8.
7. Pull-tab bingo - Instant	<input type="text"/>	-	<input type="text"/>	
8. Total bingo activity (5 + 6 + 7)	<input type="text"/>	-	<input type="text"/>	
8a. Total prizes of \$5.00 and under			<input type="text"/>	
8b. Prizes awarded subject to prize fee (8 - 8a)			<input type="text"/>	

*All prizes \$50.00 or less, including those \$5.00 or less.

RENT INCOME (payments received from other organizations, **if applicable (WHOLE DOLLARS)**)

- | | | |
|---|-----|----------------------|
| 9. Total lump sum rent income | 9. | <input type="text"/> |
| 10. Property taxes, utility expenses and insurance premiums received from organizations | 10. | <input type="text"/> |

OTHER INCOME (WHOLE DOLLARS)

- | | | |
|--|------|----------------------|
| 11a. Bingo interest earned | 11a. | <input type="text"/> |
| 11b. Unclaimed customer account funds | 11b. | <input type="text"/> |
| 11c. Equipment and supplies sales amount | 11c. | <input type="text"/> |
| 11. Total other income (11a + 11b + 11c) | 11. | <input type="text"/> |
| 12. Total income activity (8 + 9 + 10 + 11) | 12. | <input type="text"/> |

Report continues on next page with Item 13

CALCULATION OF PRIZE FEES

	PRIZE FEES
1a. Prizes awarded (from Item 8b, prizes awarded column)	1a.
2a. Prize fee rate	2a.
3a. Prize fee due (DOLLARS AND CENTS, Items 3a thru 6a)	3a.
4a. Late filing penalty on prize fee	4a.
5a. Late filing interest on prize fee	5a.
6a. Total amount prize fee, penalty and interest due (3a + 4a + 5a)	6a.

RENT PAYMENTS TO COMMERCIAL LESSOR (WHOLE DOLLARS, Items 13 thru 15)

- | | | |
|---|-----|--|
| 13. Lump sum rent payments to lessor | 13. | |
| 14. Property taxes, utility expenses and insurance premiums paid to commercial lessor | 14. | |
| 15. Total rent payments (Items 13 + 14) | 15. | |

EXPENSES (WHOLE DOLLARS, Items 16 thru 27)

Cost of goods, purchased (Items 16 & 17)

- | | | | | | | |
|---|-------|--|--------------|--|-----|--|
| 16. Regular bingo | Paper | | + Electronic | | 16. | |
| 17. Pull-tab bingo | Event | | + Instant | | 17. | |
| 18. Purchase, lease or repairs of bingo equipment | | | | | 18. | |
| 19. Rental tax, local, state, federal taxes | | | | | 19. | |
| 20. Advertising and promotions | | | | | 20. | |
| 21. Premises expenses (mortgage, insurance, repairs, utilities, janitorial) | | | | | 21. | |
| 22. Professional services (accounting, legal, security) | | | | | 22. | |
| 23. Employee expenses (payroll and payroll taxes) | | | | | 23. | |
| 24. Do Not Use | | | | | 24. | |
| 25. Other expenses | | | | | 25. | |
| 26. Total expenses (total of Items 16 thru 25) | | | | | 26. | |
| 27. Total expenses payments (15 + 26) | | | | | 27. | |

PRIZE FEES (WHOLE DOLLARS, Items 28 thru 29)

- | | | | | | | |
|---|------|--|-------------|--|-----|--|
| 28. Prize fees | Paid | | - Collected | | 28. | |
| 29. Net proceeds - this quarter (12 - 27 - 28) | | | | | 29. | |

DISTRIBUTIONS (WHOLE DOLLARS, Items 30a thru 30)

- | | | |
|--|------|--|
| 30a. Charitable distributions | 30a. | |
| 30b. Unclaimed customer account funds (line 11b) | 30b. | |
| 30. Total distributions for this quarter | 30. | |

OTHER TRANSACTIONS (WHOLE DOLLARS, Items 31 thru 34)

- | | | | | | |
|--|-----------------|---|-------------------|-----|--|
| | RECEIVED | | REIMBURSED | | |
| 31. Transfer of funds (non-bingo funds) | | - | | 31. | |
| 32. Unit member contributions (bingo funds) | | - | | 32. | |
| 33. Previous quarter bingo funds balance (from Item 42 on previous report) | | | | 33. | |
| 34. Total other transactions (total of Items 31 thru 33) | | | | 34. | |

BINGO FUND BALANCE (WHOLE DOLLARS, Items 35)

- | | | |
|---|-----|--|
| 35. Bingo funds at the end of the quarter - per book balance (29 - 30 + 34) Must match line 42 | 35. | |
|---|-----|--|

RECONCILIATION OF BINGO FUNDS IN BANK (DOLLARS AND CENTS, Items 36 thru 42)

- | | | |
|---|-----|--|
| 36. End of quarter bingo checking account balance | 36. | |
| 37. Deposits in transit at end of quarter | 37. | |
| 38. Outstanding checks at end of quarter | 38. | |
| 39. Reconciled end of quarter bingo checking account balance (36 + 37 - 38) | 39. | |
| 40. Reconciled end of quarter bingo savings account balance if applicable | 40. | |
| 41. Reconciled end of quarter petty cash on hand (if from bingo net proceeds) | 41. | |
| 42. Bingo funds at the end of the quarter - per bank balance (39 + 40 + 41) Must match line 35 | 42. | |

I declare that the information in this document and accompanying supplements are true and correct to the best of my knowledge and belief.

sign here ▶

Signature

Phone Number

Print Name

Date