

**BEACON FALLS****Office of the First Selectman**

Email:

Submit and pay by credit card online at:

Online User ID:

Online Password:

**QUARTERLY BINGO SUMMARY WORKSHEET**

Rev. 3/16/16

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 <sup>1</sup>							
Value of Prizes (cash & merch.) <sup>2</sup>							
Check if grand prize won							



Add #1 thru #7



Add #1 thru #7

Sub-total A

Line 1

Line 2

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



Add #8 thru #14



Add #8 thru #14

Sub-total B

Line 3

Line 4

*Note: If a session is not held, please enter "0" in "Total Receipts" for that Session Date.*

<sup>1</sup> - Taken from "Ten Day Bingo Report" Schedule 3, Line 1

<sup>2</sup> - Taken from "Ten Day Bingo Report" Schedule 3, Line 2 + Line 3

Submitted By	
Date	

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

Total

Line 5

Line 6

**Net Receipts:** Line 6 deducted from Line 5**Amount Due to "Treasurer of State of CT":** Multiply Line 7 by 0.05


Line 7

Line 8