

Under Official Code of Georgia Annotated Section 16-12-59 & Rules of the Georgia Bureau of Investigation 92-2-.10, Form B04 (01/2010) must be prepared by a Certified or Registered Public Accountant. Type or print neatly.

NAME OF ORGANIZATION	POST/CHAPTER/LODGE NO.	BINGO LICENSE NO.
		SALES TAX REGISTRATION NO.
ADDRESS		
CITY	STATE	ZIP CODE
METHOD OF ACCOUNTING? CHECK ONE:		
() CASH () ACCRUAL		

(1) TOTAL RECEIPTS FROM BINGO OPERATIONS (Do not include food/alcohol)	1		\$
(2) TOTAL PRIZES PAID OUT (Include value of non-cash prizes)	2		\$
(3) GROSS PROCEEDS (Subtract line 2 from line 1):	3		\$

(4) BINGO EXPENSES (Do not include food/alcohol):			
(4a) SALES TAX PERCENTAGE FOR COUNTY:	4a		%
(4b) SALES TAX COLLECTED ON BINGO RECEIPTS:	4b		\$
(4c) SALARIES PAID TO WORKERS (DO NOT INCLUDE SNACK BAR OR	4c		\$
OTHER PAID EMPLOYEES EXCEPT \$30/DAY FOR BINGO WORKERS)			\$
(4d) STATE & FEDERAL TAXES & FICA WITHHELD (BINGO WORKERS ONLY):	4d		\$
(4e) TOTAL SALARIES (ADD LINE (4C+4D):	4e		\$
(4f) BINGO LICENSE FEE:			\$
(4g) RENT/MORTGAGE PAYMENT:	4g		\$
(4h) UTILITIES:	4h		\$
(4i) INSURANCE FEES:	4i		\$
(4j) LEGAL FEES:	4j		\$
(4k) ACCOUNTING FEES:	4k		\$
(4l) BINGO SUPPLIES (CARDS, DAUBERS, ETC.)	4l		\$
(4m) OFFICE SUPPLIES, PRINTING & POSTAGE:	4m		\$
(4n) JANATORIAL SERVICES:	4n		\$
(4o) SECURITY GUARD SERVICES:	4o		\$
(4p) OTHER (ITEMIZE):	4p		\$
(4q) OTHER (ITEMIZE):	4q		\$
(4r) OTHER (ITEMIZE):	4r		\$

(4s) TOTAL EXPENSES (ADD LINES 4b+4e+4f THRU 4r):	4s		\$
(5) TOTAL DONATIONS (LIST ON NEXT PAGE/B04-1)	5		\$
<i>*NOTE: Do not include funds transferred to general funds:</i>			
(6) TOTAL (ADD LINE 4S + LINE 5)	6		\$
(7) NET PROCEEDS (Subtract Line 6 from Line 3) *Note:	7		\$
<i>Total should not be less than -0-. Itemize on next page</i>			
<i>GBI Form (B04-1) how net proceeds will be spent.</i>			

Under penalties of making a false statement, I declare that I have examined this report, including any attachments, and by providing my signature below I certify the accuracy of this record to the best of my knowledge.	Under penalties of false statements, I declare that I have prepared this report, including any attachments, and to the best of my knowledge and belief, it is true, correct and complete.
--	---

Signature of Organization Officer	Signature of CPA or RPA and Title
Name of Officer (Type or Print)	Firm Name Mailing Address
Title	City Zip Code
Daytime Telephone Number	Business Telephone Number
Date	Date

GBI FORM B04 (Page 2)	(5) ITEMIZED DONATIONS		FOR YEAR 20____
NAME OF CHARITY OR NAME OF PERSON RECEIVING DONATION	ADDRESS OF CHARITY OR PERSON	AMOUNT	
		\$	
	TOTAL (And enter on line 5) (7) NET PROCEEDS EXPENSED	\$	
NAME OF PERSON/COMPANY	ADDRESS	AMOUNT	
TRANSFERRED TO GENERAL FUNDS		\$	
	TOTAL (And enter on line 7)	\$	

**Attach Additional Pages If Necessary

Revision (01/2010)