



CITY OF SAN JOSE
 Finance Dept-Treasury
 200 E Santa Clara St-13th Fl
 San Jose CA 95113-1905
 (408) 535-4148

Date: _____

Report for the month of:
 _____, 20__

MONTHLY REPORT & RETURN FORM
Bingo Gross Receipts & Expenditures

FORM MUST BE COMPLETED BY ORGANIZATION GROSSING MORE THAN \$2,500.00 MONTHLY

Organization Name: _____

Address: _____

| | |
|---|---|
| Gross Bingo Payout (total prizes) \$ _____ x 2.27% = \$ _____ Fees owed to the City of San Jose | |
| Monthly Gross Receipts \$ _____ | This report is due on or before the 15th day of the month following the month reported hereon. (SJMC 6.16.195) Checks should be made payable to: CITY OF SAN JOSE |

EXPENDITURE REPORT

In accordance with California Penal Code Subsection 326.5(k), all organization excluding those organizations exempt from payment of the bank and corporations tax by Section 23701d of the Revenue and Taxation Code must list their monthly expenses in the space provided below.

DO NOT LIST ANY ITEMS AS MISCELLANEOUS

| <i>AMOUNT</i> | <i>TYPE OF EXPENSE</i> | <i>NOTE:</i> For organizations other than those exempted by Section 23701d of the Revenue and Taxation Code, a portion of the proceeds, not to exceed 20% of the proceeds before the deduction for prizes, or \$2,000 per month, whichever is less, may be used for the rental of property and for overhead, including the purchase of bingo equipment, administrative expenses, security equipment and security personnel. Proceeds may also be used to pay license fee. |
|---------------|------------------------------|---|
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | <i>TOTAL EXPENSES</i> | |

DECLARATION BY AUTHORIZED MEMBER OF THIS ORGANIZATION

I declare, under penalty of perjury, that the information given herein is complete, true and correct:
 The above organization is: () exempt under Section 23701d of the Revenue & Taxation Code () exempt under another section of the Revenue & Taxation Code or () a non-exempt senior or mobile home park organization.

Executed on this date _____, 20__

Signature: _____ Title: _____

Name (printed or typed) _____

Contact Phone No.: _____ Email Address: _____