

DOJ USE ONLY
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## OREGON DEPARTMENT OF JUSTICE Bingo Quarterly Report

DOJ USE ONLY
Date Received

**BINGO CLASS A LICENSEES  
WITH ANNUAL HANDLE *MORE THAN \$3 MILLION***

This report must be filed no later than 30 days after the end of the reporting quarter.

Licensee
Licensee: _____ License #: <b>B-</b> _____  Mailing Address: _____  City: _____ State: _____ Zip: _____  Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No            If YES, date of change: _____

Reporting Period
1. This report is for the period from _____ through _____ 2. Number of bingo sessions held during the reporting period: _____ 3. Total number of persons who attended bingo games for the reporting period: _____

Financial Information		
4. Total Bingo Handle for the Reporting Period:	\$	
5. Total Amount of CASH Prizes Awarded: Were any cash prize payouts in excess of \$5,000? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, attach <i>copy</i> of winner's record.	\$	
6. Total Amount of NONCASH Prizes Awarded:	\$	
7. Total Amount of ALL Prizes Awarded (total of lines 5 and 6):	\$	
8. Total Amount of NONPRIZE Operating Expenses (from line 13p):	\$	
9. Total Prize Payouts and Expenses (total of lines 7 and 8):	\$	
10. Net Income for Reporting Period (total of line 4 minus line 9):	\$	
11. Total Expense Percentage (line 8 divided by line 4): <b>[Round To Second Decimal - i.e., 18.85%]</b>		%
12. Net Income Percentage [line 10 divided by line 4]: <b>[Round To Second Decimal - i.e., 5.25%]</b>		%

**Nonprize Expenses**

List ALL nonprize expenses related to bingo operations. **DO NOT INCLUDE FEES PAID TO DOJ.**

13. a) Salaries and Employee Benefits (Gross):	\$	
b) Worker's Compensation Coverage (Employer Portion):	\$	
c) State/Federal Employee Taxes (Employer Portion):	\$	
d) Security and Janitorial Services and Supplies:	\$	
e) Legal and Accounting Services:	\$	
f) Bingo Paper (for other bingo supplies see item g below):	\$	
g) Bingo Supplies (other than bingo paper):	\$	
h) Utilities (Electric/Sewer/Water/Phone/Garbage):	\$	
i) Rent/Lease <b>*(see 14)</b> Check box if you pro-rated rent: <input type="checkbox"/>	\$	
j) Leasehold Improvements:	\$	
k) Insurance:	\$	
l) Equipment: (To Include Electronic Machines)	\$	
m) Printing/Promotions/Postage/Shipping:	\$	
n) Repairs:	\$	
o) Other ( <b>explain below or attach additional sheets</b> ):	\$	
_____		
_____		
p) TOTAL EXPENSES (total of lines a thru o; enter here and on page 1, line 8):	\$	

**Allocation or Pro-Rate of Expenses**

14. a) If you allocated or pro-rated expenses, you must explain the method you used here. If you checked line 13i, you must explain how you pro-rated rent/mortgage expenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Was your organization the master lessee in a facility with more than one licensee?  Yes\*  No

\*If YES, enter amount you pay quarterly for rent/lease: \$ \_\_\_\_\_

\*If YES, enter amount of rent receipts paid by sub-licensees: \$ \_\_\_\_\_

**Volunteers**

15. Did the organization use any volunteers to operate bingo games during the quarter?  Yes  No  
If YES, how many per session? \_\_\_\_\_ If NO, go on to page 3.

Did the volunteers receive food/drink, free cards, mileage or expense reimbursements?  Yes  No  
If YES, what was the average reimbursement per volunteer per session? \$ \_\_\_\_\_

**Employee List**

16. List all paid employees who received compensation during the reporting period. List the hours worked by each person according to the type of duties they performed during the quarter (i.e., [S] *supervisory*, [N] *nonsupervisory* and [O] *other*) together with the compensation the person received for each type of duty. Reports that do not contain complete information will be rejected and returned for completion, and could incur delinquency charges. See sample entry below. Use gross (pre-tax and deductions) pay NOT net. [O] *other* is for payments made for time worked that is TOTALLY UNRELATED to the bingo operation (describe the [O] *other* payments). Facility Management IS bingo-related.

**YOU MAY ATTACH A LIST SUPPLYING THE REQUIRED INFORMATION.**

Full Name (Last, First, M.I.): Worker, John Q.					DOB:		Title: Floorworker		
Address: 1234 Main Street				City: Anytown		State: OR		Zip: 97001	
Phone: (xxx) xxx-xxxx					Email: xxxxxx@xxxxx.xxx				
[S]	Rate: \$	\$	[N]	Rate: \$8.00	\$960.00	[O]	10	Describe: Lottery Wages	\$50.00

Full Name (Last, First, M.I.):					DOB:		Title:		
Address:				City:		State:		Zip:	
Phone:									
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]		Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:		
Address:				City:		State:		Zip:	
Phone:									
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]		Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:		
Address:				City:		State:		Zip:	
Phone:									
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]		Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:		
Address:				City:		State:		Zip:	
Phone:									
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]		Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:		
Address:				City:		State:		Zip:	
Phone:									
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]		Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:		
Address:				City:		State:		Zip:	
Phone:									
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]		Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:		
Address:				City:		State:		Zip:	
Phone:									
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]		Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
<b>Phone:</b>								
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
<b>Phone:</b>								
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
<b>Phone:</b>								
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
<b>Phone:</b>								
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
<b>Phone:</b>								
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
<b>Phone:</b>								
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
<b>Phone:</b>								
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
<b>Phone:</b>								
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
<b>Phone:</b>								
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

**Oregon Department of Justice**  
**Quarterly Report Fee Computation for Class A licensees *expecting* to exceed \$3 million in annual handle**

You will need your quarterly reports from earlier in this license year to complete this computation. QUARTER 1 is the first quarter of your current LICENSE year. The last day of QUARTER 4 is the expiration date of your license.

PERIOD (Circle month and enter year for each quarter)					HANDLE <i>Including Current Quarter</i> (A)		FEES ALREADY PAID <i>Not including Current Fee</i> (B)	
Quarter 1	3	6	9	12	\$		\$	
	20							
Quarter 2	3	6	9	12	\$		\$	
	20							
Quarter 3	3	6	9	12	\$		\$	
	20							
Quarter 4	3	6	9	12	\$		\$	
	20							
<b>TOTALS</b>					\$		\$	

1	Enter total from Column A here:		\$	
2	Less \$3 million	<b>minus</b>	- \$3,000,000	.00
3	Subtract line 2 from line 1 (if less than zero, enter zero) and enter result here:		\$	
4	Multiply line 1 by .012 (up to a maximum of \$3 million) and enter result here:		\$	
5	Multiply line 3 by .01 and enter result here:	<b>plus</b>	+ \$	
6	Add lines 4 and 5 (to calculate annual fees to date) and enter result here:		\$	
7	Subtract fees already paid (total of Column B)	<b>minus</b>	- \$	
8	<b>SUBTOTAL:</b>		= \$	
9	DELINQUENCY FEE: If this report is not filed within 30 days of the quarter end, add a delinquency fee of \$20 or 1% of the combined amounts of lines 1 and 2 [(line 1 + 2) × .01], whichever is greater. <i>The minimum delinquency fee shall increase to \$50 after 60 days from the due date of the report.</i>		\$	
10	<b>TOTAL FEES DUE.</b> Line 8 plus line 9. Enter result here: Send this amount with the report to DOJ. Please send in exact fees. <b>DO NOT ROUND.</b>		\$	

**Report Certification****TO BE COMPLETED BY THE BINGO GAME MANAGER:**

I certify that I have reviewed the information contained in this report and, where necessary, any source documents and records used in its preparation. I have discussed the information contained in this report with one or more responsible officials of the organization. I further certify that the information contained in this report is true and correct to the best of my knowledge.

 I did prepare this report

 I did NOT prepare this report

Print name of Bingo Game Manager: \_\_\_\_\_ Manager's Permit # M- \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY A RESPONSIBLE OFFICIAL OF THE ORGANIZATION OTHER THAN THE BINGO GAME MANAGER**

I certify that I am a responsible official of the organization and that I have personally reviewed the information contained in this report with the bingo game manager whose name appears above. I further certify that the information contained in this report is true and correct to the best of my knowledge.

 I did prepare this report

 I did NOT prepare this report

Print name of Responsible official: \_\_\_\_\_ Title \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE PERSON WHO PREPARED THIS REPORT, IF OTHER THAN THE BINGO GAME MANAGER OR RESPONSIBLE OFFICIAL:**

I certify that I prepared this report and that I have personally reviewed the information contained in this report with the bingo game manager whose name appears above. The information contained in this report was obtained from source documents provided to me by the organization and is true and correct to the best of my knowledge.

 I received compensation for preparing this report

 I did NOT receive compensation for preparing this report

 The source documents for this report are:  maintained at my office

 maintained by the licensed organization

 Other: \_\_\_\_\_

Print Name of Preparer: \_\_\_\_\_

Business Name, if any: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Keep a copy of this report for your records.**

Mail the completed report with fees to:

Oregon Department of Justice  
100 SW Market Street  
Portland, OR 97201-5702

Phone: (971) 673-1880  
Fax: (971) 673-1882  
TTY: (800)735-2900