

renewal application by the 10" day	of the month in which the license will expire.						
or print as it appears on your qualificat	ion application.)						
treet; do not enter a P.O. Box Number)							
	State Z	ZIP Code					
Include extension number	Organization Fax Number						
	Federal identification number (FID)						
	Contact's telephone number ( )	Contact's E-mail Address					
s activity (month, day, year): From	nTo						
ial Accounting Period. These 2) is 90% or more, then you ayouts). These donations mu ide to a <i>qualified recipient(s)</i>	r organization is required to donate a st be in accordance with the lawful p that is not an affiliate, parent, or a su	his form. t least 60% of your gross urpose of your ibsidiary of your					
•		<u></u>					
ary, that we have examined the	his report and to the best of our know	ledge and belief, it is					
Printed name	Title	Date (month, day, year)					
Printed name	Daytime telephone numb	Dete (month, day, year)					
101 W. Washington S	St., East Tower, Suite 1600						
	Include extension number is activity (month, day, year): From Include extension number is activity (month, day, year): From nnual License Financial Rep ial Accounting Period. These e 2) is 90% or more, then you ayouts). These donations mu ide to a qualified recipient(s) hs must be made by the last of CERTI try, that we have examined the Printed name Indiana Gan Charity Ga 101 W. Washington S	State 2   Include extension number Organization Fax Number   () Federal identification number (FID)   Contact's telephone number 0   () Contact's telephone number   () To					

	Organ	ization Name:						
Gross Receipts Calculation								
Schedule 1: 1	Enter Inf	formation from gami	ing activities l	held und	der the Annual Activity License	Numb	er:	
		Total Priz	Prize Payouts From Line 18 Page 2 of the l License Financial Report (CG-AL FR)			1C. Total Gaming Income. Subtract Line 1B from Line 1A and enter result		
\$ \$			\$			\$		
Schedule 2:Enter information from gaming activities held under your single activity licenses during the same twelve (12) month time period listed on Page 1 of the Single Activity Financial Report (CG-SL FR). Attach additional sheets if needed.								
2A. Single Event License Number(s)	Single EventTotal Gross Gaming IncomeLicensefrom line 9 of the Single Activ		ngle Activity		2C. Total Prize Payouts from line 18 page 2 of the Single Activity Financial Report <i>(CG-SL FR)</i>		2D. Total Gaming Income. Subtract 2B from 2C and enter result	
	Total	\$		Total	\$	Tota	al \$	
		Total gaming gross in Column 2D and			e payouts from single activity	2E	E \$	
Schedule 3:	Totals							
Enter the amo	unt from	Schedule 1 box 1C	•			3A	\$	

Enter the amount from Schedule 1 box 1C.	3A	\$
Enter the amount from Schedule 2 box 2E.	3B	\$
Add lines 3A and 3B and enter total here.	3C	\$

**Schedule 4**: **Other Income** Enter below, the Gross Annual Other Income received by your Organization for the same accounting period as listed on page 1. Do not include any of the Gaming Gross Income reported in Schedules 1 and 2.

Enter your accounting period (month, day, year): From \_\_\_\_\_

	4 A	4 B	4 C	4 D	4 E	4 F	4 G	4 H
	Contributions,	Membership	Investment	Income from	Retail Sales	Income from	Rental Income	Total gross
	gifts, grants,	Dues and	Income,	sales of assets	Income	Program		annual income
	etc.	Assessments	Interest	(other than		Services		Add rows A-G.
				Inventory)				
Annual								
Totals:	¢	¢	¢	¢	¢	¢	¢	¢
Totals.	φ	φ	φ	φ	φ	φ	Φ	φ

to

Schedule 5 * Additional Information pertaining to line 5 is located on Page 1.						
Enter total gross gaming income minus prize payout, from Schedule 3C.						
Enter amount from Schedule 4H.		2	\$			
Add Lines 1 and 2 and enter total here.		3	\$			
Divide line 1 by line 3. Enter the percentage rounded to two numbers (for example, .414 rounds to 41%, and .875 would round to 88%		4	%			
Is line 4 equal to 90% or more? If yes, multiply line 1 by 60% (.60) and enter the result here.	5	\$				

E-mail: <u>CharityGaming@igc.in.gov</u> Telephone: (317) 232-4646 Fax: (317) 232-0117

## Instructions

# CG-AL GR, Annual License Gross Receipts Report

All qualified organizations holding an annual activity license are required to complete and file this form.

The purpose of this form is to determine if a qualified organization received 90% or more of its total gross receipts from charity gaming activities.

The reporting period is your organization's annual activity license accounting period. This is a twelve (12) month period with the year-end month occurring one month prior to the license expiration date.

This form must be filed by the 10<sup>th</sup> day of the month in which your annual license expires.

### Schedule 1:

Enter into Column 1A the gross charity gaming revenue from line 9 of your CG-AL FR

Enter into Column 1B the prize payouts as reported on line 18 of your CG-AL FR for this reporting period.

Subtract Column 1B from Column 1A and enter the result in 1C.

### Schedule 2:

Schedule 2 must be complete if your organization held any licensed single activities during the annual event license accounting period. These single activities include drawings, special bingos, casino game nights, festivals, guessing games and water races.

Enter in column 2B the gross charity gaming revenue from line 9 of your activities held as a result of a single activity, CG-SL FR.

Enter in Column 2C the prize payouts as reported on line 18 page 2 of the appropriate CG-SL FR.

Subtract Column 2C from Column 2B and enter the result in Column 2D. Total all columns.

### Schedule 4:

Enter all Gross Annual Other Income received by your Organization for the same accounting period as listed on page 1. Do not include any of the Gaming Gross Income reported in Schedules 1 and 2.