## **CG-INV, ENDING INVENTORY STATEMENT**

State Form 48682 (R7 / 10-22) INDIANA GAMING COMMISSION

| Instructions: Use to enter th<br>accounting period. For annu<br>Multi-Year Annual License F<br>License Financial Report. A | ıal ad<br>−inan               | ctivity licenses,<br>cial Report. F | attach to Form<br>or single activit | CG-Al<br>y and f         | L FGR                                    | Annual Lice       | nse Financia                    | I Report, Fo                       | orm CG-  | AL MY,                  |  |  |
|--|-------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|-------------------|---------------------------------|------------------------------------|----------|-------------------------|--|--|
| 1. Organization legal name   |                               |                                     |                                     |                          | 2. Doing Business As (DBA)               |                   |                                 |                                    |          |                         |  |  |
| 3. Federal Identification Number (FID/EIN)   |                               |                                     |                                     |                          | 4. Charity Gaming (CG) license number    |                   |                                 |                                    |          |                         |  |  |
| 5. Address of principal office (number and street required)  |                               |                                     |                                     | 6. City                  | i. City                                  |                   |                                 | 8. ZIP Co                          | ode      | 9. County               |  |  |
| 10. Mailing address (if different)   |                               |                                     |                                     | 11. City                 |  |                   | 12. State                       | 13. ZIP (                          | Code     | 14. County              |  |  |
| 15. Organization daytime telephone number ( )  |                               |                                     | 16. Fax number                      |                          |  |                   | 17. Organization e-mail address |                                    |          |                         |  |  |
| 18. Contact person's name  | rson's name 19. Contact perso |                                     |                                     | on's telephone number 20 |  |                   | 20. Contact p                   | ). Contact person's e-mail address |          |                         |  |  |
| 21. Were any pull tabs, pur If yes, complete Form CG-D   |                               |                                     |                                     |                          |  |                   |                                 | nting period                       | l? □ Y   | es No                   |  |  |
| 22. Annual Licenses – Enter financial accounting period:   |                               |                                     |                                     |                          | 23. Cha                                  | arity Gaming (CG  | ) reference num                 | ber                                |          |                         |  |  |
| From   |                               | Го                                  |                                     |                          |  |                   |                                 |                                    |          |                         |  |  |
| 24. Single activity / festival activity date   |                               |                                     |                                     |                          | 25. Charity Gaming (CG) reference number |                   |                                 |                                    |          |                         |  |  |
| <b>CERTIFICATION</b> : We certifute and understand that protermination of qualification sprocess.                          | ovidir                        | ng false inform                     | ation may lead                      | to the i                 | revoca                                   | tion of or den    | ial of charita                  | ble gaming                         | license( | s),                     |  |  |
| Signature of Presiding Officer   |                               |                                     |                                     |                          | Signature of Schedule Preparer           |                   |                                 |                                    |          |                         |  |  |
| Printed Name and Title   |                               |                                     |                                     |                          | Printed Name and Title                   |                   |                                 |                                    |          |                         |  |  |
| Date (month, day, year)  | Day<br>(                      | time Telephone Nu                   | ımber                               | ı                        | Date (n                                  | nonth, day, year) |                                 | Daytime Telephone Number           |          |                         |  |  |
| 26. Name of Game   |                               | 27.<br>Remaining<br>Tickets         | 28. Serial Num                      | ber of G                 | er of Game 29. Gross Revo                |                   | venue 30                        | 30. Payout                         |          | 31. Name of Distributor |  |  |
|  |                               |                                     |                                     |                          |  |                   |                                 |                                    |          |                         |  |  |
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| 32. SUB TOTAL  |                               |                                     |                                     |                          |  |                   |                                 |                                    |          |                         |  |  |

Email: CharityGaming@igc.in.gov Telephone (317) 232-4646 Fax (317)232-0117 Page 1 of 3 CG-INV

## **CG-INV, ENDING INVENTORY STATEMENT** State Form 48682 (R7 / 10-22) INDIANA GAMING COMMISSION

For office use only Reviewed by Date Reviewed Date Completed

| Organization legal name               | Federal Identification Number (FID/EIN) |                              |  | CG license number    |  | CG reference number |                         |  |
|---------------------------------------|---|------------------------------|--|----------------------|--|---------------------|-------------------------|--|
| 26. Name of Game                      | 27.<br>Remaining<br>Tickets             | 28. Serial Number of<br>Game |  | 29. Gross<br>Revenue |  | ). Payout           | 31. Name of Distributor |  |
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|                                       |   |                              |  |                      |  |                     |                         |  |
|                                       |   |                              |  |                      |  |                     |                         |  |
| 33. Sub Total from this page          |   |                              |  |                      |  |                     |                         |  |
| 34. Sub Total from all previous pages |   |                              |  |                      |  |                     |                         |  |
| 35. Total from all pages              |   |                              |  |                      |  |                     |                         |  |

Email: CharityGaming@igc.in.gov Telephone (317) 232-4646 Fax (317)232-0117
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## **CG-INV**, Charity Gaming Ending Inventory Statement Instructions

This form should be submitted with the following financial reports:

- CG-SL FR, Single activity license financial report
- CG-AL FGR, Financial/gross report
- CG-AL MY, Multi-year financial/gross report
- Line 17. Organization's email address. All communications will be via email.
- Line 21. If the organization had any pull tabs, punchboards, tip boards or sports themed tip boards damaged, destroyed or stolen during this accounting period you must complete Form CG-DTL, Charity Gaming Inventory, Destruction, Theft or Loss Form and submit it with any required documentation such as police report, report issued by the fire department or reports of any claims made to your insurance company.
- Line 26. List the name of all pull tab, punchboard, tip board or sports themed tip board games left in your inventory.
- Line 27. List the number of boxes in your inventory. If a game was not completed, an actual count of the remaining tickets is required.
- Line 28. List the serial number of each game.
- Line 29. Gross income the organization should receive from the sale of the game. This amount is normally reflected on the flare or seal card which accompanies the game.
- Line 30. Total prize payouts issued to patrons from the sale of the game. The flare or seal card will also reflect the total payout for the game.
- Line 31. List the game distributor. All licensed supply such as pull tabs, punchboards, tip boards and sports themed tip boards must be purchased from a distributor licensed with the Indiana Gaming Commission, Charity Gaming Division.
- Lines 33 and 34. Each column must be added, and the total reflected on line 35. If the back page is needed, record the sub totals from line 32 onto line 34 on the back. If additional pages are needed, each page will need to reflect the subtotal with the final total of all lists reflected on Line 35 of the last sheet.
- Line 35. Total all columns from all pages listed with this submission.