

MONTHLY CONDENSED FINANCIAL STATEMENTS

For Office Use Only

Period Covered:

Filing Deadline:

Batch No. _____

Entry Date _____

Please correct if in error

REFER TO ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM.

INCOME STATEMENT	TOTAL	OPERATING DEPARTMENTS				OTHER REVENUE
		GAMING	ROOMS	FOOD	BEVERAGE	
2 TOTAL SALES & OTHER REVENUE						
3 COST OF SALES						
4 GROSS MARGIN						
5 DEPARTMENTAL EXPENSES:						
6 Commissions						
7 Complimentary expenses						
8 Taxes & licenses						
9 Payroll taxes & benefits						
10 Payroll – officers & owners						
11 Payroll – other employees						
12 Other departmental expenses						
13 Total departmental expenses						
14 DEPARTMENTAL INCOME						
15 OTHER OPERATING EXPENSES						
16 Advertising, promotion						
17 Complimentary expenses						
18 Depreciation & amortization						
19 Employee benefits						
20 Other taxes & licenses						
21 Interest expense						
22 Music & entertainment expense						
23 Rent of premises						
24 Payroll taxes						
25 Payroll – officers & owners						
26 Payroll – other employees						
27 Misc. operating expenses						
28 TOTAL operating expenses						
29 INCOME BEFORE INCOME TAXES						

<p>BALANCE SHEET</p> <p>ASSETS:</p> <p>Current assets _____</p> <p>Fixed assets _____</p> <p>Other assets _____</p> <p>Total Assets _____</p> <p>LIABILITIES & CAPITOL</p> <p>Current debt _____</p> <p>Long-term debt _____</p> <p>Other debt _____</p> <p>Total Liabilities _____</p> <p>Net Capital _____</p> <p>TOTAL LIABILITIES & CAPITAL _____</p>	<p>OTHER DATA</p> <p>Cash on hand and in banks _____</p> <p>Casino receivables</p> <p>Current month _____</p> <p>Prior month _____</p> <p>LONG -TERM DEBT:</p> <p>(a) Current portion _____</p> <p>Long-term portion _____</p> <p>Monthly debt serv. _____</p> <p>DELINQUENT CURRENT LIABILITIES:</p> <p>(b) Accts-pay-trade _____</p> <p>(b) Accr'd payroll tax _____</p> <p>(b) Debt pymt in arrears _____</p> <p>(b) Other _____</p>
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I, _____ certify and declare under the penalties of perjury that I am the _____ (owner, president, treasurer, other) of the business named above; that this is a true, correct and complete report to the best of my knowledge, information, and belief; and that this report is made with the knowledge and consent of all other individuals licensed.

Dated _____, 20 _____ Signed _____ Phone _____

- (a) Due within next 12 months
- (a) Over 60 days