



Accounting Unit or Trust Request for Waiver

WHO MUST SUBMIT THIS FORM

This form must be completed by a designated agent to request the commission to waive the requirement that the Unit's or Trust's bingo operations result in net proceeds for a specific calendar quarter or that the Unit or Trust disburse the required amount of net proceeds for charitable purposes. Please note that the required supplemental information attachments must accompany this form and all prize fees, penalties and/or interest paid before the request may be processed.

FORM SUBMISSION

By mail: Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

FOR ASSISTANCE in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our website at txbingo.org.

- Use black or blue ink.

UNIT OR TRUST INFORMATION

1. Unit Taxpayer Number 2. Name of Unit or Trust 3. Unit Number

4. Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

City State ZIP Code County

Individual's Name to Contact Phone Number (Area Code & Number)

Alternate Phone Number (Area Code & Number) E-mail Address

UNIT MEMBERS

List all organization's that were unit members of the Unit or Trust during the last quarter under review.

<input type="text"/> Trustee or Organization Name	<input type="text"/> Taxpayer Number	<input type="text"/> License Number
<input type="text"/> Organization Name	<input type="text"/> Taxpayer Number	<input type="text"/> License Number
<input type="text"/> Organization Name	<input type="text"/> Taxpayer Number	<input type="text"/> License Number
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<input type="text"/> Organization Name	<input type="text"/> Taxpayer Number	<input type="text"/> License Number
<input type="text"/> Organization Name	<input type="text"/> Taxpayer Number	<input type="text"/> License Number

WAIVER INFORMATION

4. Select the type of waiver being requested:

- Exempt from bingo operations resulting in net proceeds for a specific calendar quarter.

Quarter: _____ of _____
Quarter Number Year

- Exempt from disbursing the required amount of net proceeds for charitable purposes for a specific calendar quarter.

Quarter: _____ of _____
Quarter Number Year

5. List the specific reason(s) the waiver is needed. *Attach additional sheets if necessary.*

- Additional sheets attached

6. Provide an explanation of how compliance with the requirement requesting to be waived is detrimental to the organization's existing or planned charitable purposes. *Attach additional sheets if necessary.*

Additional sheets attached

REQUIRED SUPPLEMENTAL INFORMATION ATTACHMENTS

If the waiver request is due to force majeure or circumstances beyond the control of the organization, submit:

Documentation from outside sources supporting force majeure or evidence of circumstances beyond the control of the organization. Examples of acceptable documents include newspaper articles, copies of local ordinance changes, police or fire department reports, notification of road construction, or photographs.

If the waiver request is based on a credible business plan for the conduct of bingo or for the organization's existing or planned charitable purposes, submit:

A Credible Business Plan may, but is not required to include the following:

- the specific activity or activities the organization intends to undertake as they apply to the reason for the application for waiver including;
- a timeline for undertaking the activities that is reasonable in light of the requested waiver period;
- the cost of undertaking the activities and how those costs will be managed;
- whether the activity or activities may reasonably be expected to increase the revenues of the organization;
- a description of the expenses, if any, that would be avoided or reduced during the period for which the waiver would be applicable; and
- an explanation of how the proposed activity or activities will allow the organization to correct its financial difficulties to ensure the bingo operations result in positive net proceeds.

Please note, a credible business plan should present the commission with enough information to justify the waiver.

SIGNATURES (REQUIRED FOR UNIT MEMBER OF UNIT OR TRUST)

The information and documentation provided is true and complete to the best of our knowledge and belief.

sign here ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Trustee or Organization	Bingo Chairperson	Date
sign here ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Organization	Bingo Chairperson	Date
sign here ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Organization	Bingo Chairperson	Date
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	Name of Organization	Bingo Chairperson	Date
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	Name of Organization	Bingo Chairperson	Date