



# Accounting Unit Notification

### WHO MUST SUBMIT THIS APPLICATION

This form must be submitted when two (2) or more licensed authorized organizations that conduct bingo at the same location form a unit to share in revenues, authorized expenses, and inventory related to bingo operations.

### UNIT INFORMATION

1.    
 Unit EIN Number Unit Number

2.   
 Unit Name

3.   
 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

Designated Agent or Unit Manager (PLEASE PRINT)

Enter daytime telephone number of contact person (include Area Code) Alternate phone number (include Area Code)

### EFFECTIVE DATE

4. Enter the effective date you intend to begin unit accounting:     
 Unit or Trust Agreement is due with this form Month (MM) Day (DD) Year (YYYY)

### PLAYING LOCATION INFORMATION

5.   
 Enter the name of the bingo hall where the members are licensed to conduct bingo

Physical address of the bingo hall (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)

City State Zip Code County

Enter the phone number of the bingo hall (include Area Code) Enter the fax number of the bingo hall (include Area Code) Lessor license number

6. Describe the method by which the net proceeds of the bingo operations of the unit will be apportioned among the members of the unit.

Share equally among members     Share based on the number of occasions each member conducts  
 Percentage of proceeds     Other

### MEMBER ORGANIZATION INFORMATION

7. List all licensed authorized organizations which plan to be members of the accounting unit and their associated taxpayer numbers. All organizations must have a license issued by the Commission.

Member Organization Taxpayer Number License Number

No inventory transferred     Inventory transferred and a copy attached     Inventory transferred and a copy will be sent within 30 days

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Member Organization \_\_\_\_\_ Taxpayer Number \_\_\_\_\_ License Number \_\_\_\_\_

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**MANAGEMENT**

8. Indicate how the accounting unit will be managed.

Trustee Organization (proceed to Item 9)       Designated Agent (proceed to Item 10)       Unit Manager (proceed to Item 13)

9. If the accounting unit is being formed pursuant to a trust agreement, complete the following information.

Trust or License Number \_\_\_\_\_

Enter the name of trustee organizaion \_\_\_\_\_ Trust Taxpayer Number \_\_\_\_\_

10. Enter the name and personal information for the accounting unit's designated agent.

Worker Registry ID \_\_\_\_\_

Name (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (Area Code and Number) \_\_\_\_\_

Email address \_\_\_\_\_ Is the Designated Agent current with the Bingo Training Program?  Yes  No

11. Is the individual named in Item 10 an officer or director of a licensed commercial lessor, employed by a licensed commercial lessor, or related to a licensed commercial lessor?  Yes  No If "Yes," please provide the following:

Lessor Name \_\_\_\_\_ Taxpayer Number \_\_\_\_\_ License Number \_\_\_\_\_ Relationship \_\_\_\_\_

12. Does the individual named in Item 10 hold or is listed on another license issued by the commission other than a license held by an authorized organization or association of licensed organizations?  Yes  No If "Yes," please provide the following:

Name of License Holder \_\_\_\_\_ Taxpayer Number \_\_\_\_\_ License Number \_\_\_\_\_ License Type \_\_\_\_\_

13. If the accounting unit will be managed by a licensed unit manager, complete the following information:

Enter the Name of the Unit Manager \_\_\_\_\_ Unit Manager Taxpayer Number \_\_\_\_\_ Unit Manager License Number \_\_\_\_\_

**sign here** \_\_\_\_\_ Signature of Designated Agent or Unit Manager      \_\_\_\_\_ Print Name      \_\_\_\_\_ Date