



# Notice of Change to Accounting Unit

### WHO MUST SUBMIT THIS APPLICATION

This form must be submitted as notification to the commission of a change in mailing address, playing location, membership, management, or an amended unit/trust agreement for an established accounting unit.

### ACCOUNTING UNIT INFORMATION

1.   
Unit Number

2.   
Unit Name

Individual's name to contact (PLEASE PRINT)

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

Alternate phone number (include Area Code) .....

E-mail address .....

Is this a change  or a dissolution of the unit

### EFFECTIVE DATE

3. Enter the date that the changes on this form or the dissolution of the unit are effective:     
Month (MM) Day (DD) Year (YYYY)

Complete only the section corresponding to the information that is changing.

### MEMBER ORGANIZATION INFORMATION

Complete this section to change the membership of your accounting unit.

#### Departing Members

4. Enter the organization information for members withdrawing from the unit and the effective date(s) of withdrawal. (If your unit agreement specifies that the withdrawing member is entitled to either a share of the inventory or payment for the member's share of the inventory, complete the corresponding checkbox.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Organization as it appears on license	Taxpayer Number	License Number	Withdrawal Date
<input type="checkbox"/> Paid for inventory \$ _____	<input type="checkbox"/> Inventory transferred and a copy attached	<input type="checkbox"/> Method and documentation to be sent within the # of days stated in the agreement	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Organization as it appears on license	Taxpayer Number	License Number	Withdrawal Date
<input type="checkbox"/> Paid for inventory \$ _____	<input type="checkbox"/> Inventory transferred and a copy attached	<input type="checkbox"/> Method and documentation to be sent within the # of days stated in the agreement	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Organization as it appears on license	Taxpayer Number	License Number	Withdrawal Date
<input type="checkbox"/> Paid for inventory \$ _____	<input type="checkbox"/> Inventory transferred and a copy attached	<input type="checkbox"/> Method and documentation to be sent within the # of days stated in the agreement	

#### New Members

5. Enter the organization information for new unit members and the effective date they joined the unit.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Organization as it appears on license	Taxpayer Number	License Number	Effective Date
<input type="checkbox"/> No inventory transferred	<input type="checkbox"/> Inventory transferred and a copy attached	<input type="checkbox"/> Method and documentation to be sent within 30 days stated in the agreement	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Organization as it appears on license	Taxpayer Number	License Number	Effective Date
<input type="checkbox"/> No inventory transferred	<input type="checkbox"/> Inventory transferred and a copy attached	<input type="checkbox"/> Method and documentation to be sent within 30 days stated in the agreement	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Organization as it appears on license	Taxpayer Number	License Number	Effective Date
<input type="checkbox"/> No inventory transferred	<input type="checkbox"/> Inventory transferred and a copy attached	<input type="checkbox"/> Method and documentation to be sent within 30 days stated in the agreement	

**MAILING ADDRESS**

6. Complete this section to change the mailing address of your accounting unit. Enter the new mailing address information where future accounting-related correspondence should be sent:

\_\_\_\_\_

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

7. Complete this section to change the playing location where all the unit members will be conducting bingo.

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

City State Zip Code County

\_\_\_\_\_

Phone number of the bingo hall (include Area Code) Fax number of the bingo hall (include Area Code) Lessor Taxpayer Number Lessor License Number

**MANAGEMENT**

Complete this section to change the unit manager, designated agent, or trustee organization for the accounting unit.

8. To change the Unit Manager, enter the following information:

\_\_\_\_\_

Enter the name of the new Unit Manager Unit Manager Taxpayer Number

9. To change the Designated Agent, enter the following information:

Is Designated Agent current in Bingo Training Program?  Yes  No

\_\_\_\_\_

Name (LAST, FIRST, MIDDLE INITIAL)

\_\_\_\_\_

Social Security Number Driver's License Number State

\_\_\_\_\_

Home Address

\_\_\_\_\_

City State Zip Code Phone (Area Code & Number)

\_\_\_\_\_

Race Gender Date of Birth (MM DD YYYY) E-mail Address

10. To change the Trustee Organization, enter the following:

\_\_\_\_\_

Name of Trustee Organization Taxpayer Number License Number

**OTHER CHANGES**

11. Briefly describe what section(s) are changing within the unit or trust agreement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**sign here** ▶

\_\_\_\_\_

Signature of Designated Agent or Unit Manager Print Name Date