



**State of Louisiana
Department of Revenue
Office of Charitable Gaming**

QUARTERLY REPORT CHECKLIST

Is there an original signature on the report? _____

Is the license number included on the report? _____

Is line 23 the same amount from the previous quarterly report line 28? _____

If there is an address change, is the appropriate box checked? _____

If a commercial hall is used, is the appropriate box checked? _____

Are the total number of sessions held noted? _____

Are all applicable schedules attached to the report? _____

Does the schedule for Line 14 reflect the number of \ sessions worked, gross pay and taxes withheld for each individual worker and employer taxes? (For sessions where workers consume meals at the hall, during the session, submit the date of the session, number of workers, and amount of meals purchased.) _____

Has the report been checked for mathematical errors and are all amounts rounded to the nearest dollar? _____

Are all donations coded on Schedule A and does the total match Line 27? _____

Is the amount reported in Part V the reconciled balance per the bank statement(s) as of the end of the quarter?(If bank statement ends on any day other than the last day of the month, use the last daily posted total for that month.) _____

Does the cash on hand include any money jars or pickle jars? _____

Was a physical count of the inventory taken after the last session of the quarter? This should be shown on the form titled Actual Physical Count of All Inventory on Hand and Assigned Fixed Value of Gaming Supplies and included with the quarterly report for review. (Make sure it is signed.) _____