

Gambling Establishment**Supplemental Information for State Gambling License**

BGC-APP. 015C Rev. 04/08



BUREAU OF GAMBLING CONTROL
 P.O. Box 168024
 Sacramento, CA 95816-8024
 (916) 263-3408; Fax (916) 263-3403

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A" (Not Applicable). If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any information as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

This Supplemental Form must be completed on behalf of the gambling establishment.

SECTION 1: BUSINESS INFORMATION

NAME OF GAMBLING ESTABLISHMENT		TRADE NAME TO BE USED (IF APPLICABLE)
HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME IN ANY JURISDICTION (INCLUDING INTERNATIONAL JURISDICTIONS)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS.		
A) BUSINESS NAME	LOCATION	DATES OF OPERATION
B) BUSINESS NAME	LOCATION	DATES OF OPERATION
DOES THIS GAMBLING ESTABLISHMENT HAVE PARENT COMPANIES, SUBSIDIARIES, OR AFFILIATES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS.		
A) BUSINESS NAME	PARENT/SUBSIDIARY/AFFILIATE	RELATIONSHIP TO GAMBLING ESTABLISHMENT
B) BUSINESS NAME	PARENT/SUBSIDIARY/AFFILIATE	RELATIONSHIP TO GAMBLING ESTABLISHMENT

SECTION 2: GAMBLING ESTABLISHMENT OPERATIONS

HOURS OF OPERATION: <input type="checkbox"/> 24 HOURS/365 OR:							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPENING TIME							
CLOSING TIME							
BUSINESS OFFICE HOURS: <input type="checkbox"/> SAME AS HOURS OF OPERATION, OR:							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPENING TIME							
CLOSING TIME							
NUMBER OF PERMANENT TABLES OPERATING OR TO BE OPERATED IN THE GAMBLING ESTABLISHMENT:							
NAMES OF PROPOSED GAMES							

SECTION 3: GAMING

LIST ANY THIRD PARTY PROVIDERS OF PROPOSITION PLAYER SERVICES OR OTHER GAMBLING BUSINESS OPERATING IN THIS GAMBLING ESTABLISHMENT AS OF THE DATE OF THIS APPLICATION.

NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER

CHIPS IN USE: THE CALIFORNIA CODE OF REGULATIONS REQUIRES GAMBLING ESTABLISHMENTS TO MAINTAIN A SEPARATE, SPECIFICALLY DESIGNATED, INSURED ACCOUNT WITH A LICENSED FINANCIAL INSTITUTION IN AN AMOUNT NOT LESS THAN THE TOTAL VALUE OF THE CHIPS IN USE BY THE GAMBLING ESTABLISHMENT. PROVIDE THE TOTAL VALUE OF THE CHIPS OUTSTANDING AT ANY GIVEN TIME AT THIS GAMBLING ESTABLISHMENT AND A COPY OF THE MOST RECENT STATEMENT ON THIS AMOUNT.

AMOUNT OF CHIPS IN USE AT THIS GAMBLING ESTABLISHMENT	FINANCIAL INSTITUTION WHERE CHIPS IN USE ACCOUNT IS MAINTAINED	CURRENT BALANCE
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PLAYERS' BANK: THE CALIFORNIA CODE OF REGULATIONS REQUIRES GAMBLING ESTABLISHMENTS TO MAINTAIN A SEPARATE, SPECIFICALLY DESIGNATED, INSURED ACCOUNT WITH A LICENSED FINANCIAL INSTITUTION IN AN AMOUNT NOT LESS THAN THE TOTAL AMOUNT OF THE MONIES THAT PATRONS HAVE ON DEPOSIT WITH THE GAMBLING ESTABLISHMENT.

DOES THIS GAMBLING ESTABLISHMENT OFFER PLAYERS' BANKS? ☐ YES ☐ NO

ENTER THE AMOUNT OF MONEY YOUR RECORDS SHOW AS BEING DEPOSITED BY PLAYERS \$

ATTACH A COPY OF THE MOST RECENT STATEMENT OF THE FINANCIAL INSTITUTION'S ACCOUNT COVERING THE PLAYERS' BANK FUNDS.

THE BUREAU OF GAMBLING CONTROL MAY ALLOW THE GAMBLING ESTABLISHMENT TO PROVIDE SOME OTHER FORM OF SECURITY IN LIEU OF MAINTAINING THE REQUIRED CHIPS IN USE OR PLAYERS' BANK INSTITUTION ACCOUNT(S). IF THIS GAMBLING ESTABLISHMENT WISHES TO SEEK APPROVAL, OR HAS ALREADY OBTAINED APPROVAL, FOR THIS ALTERNATE FORM OF SECURITY, PLEASE PROVIDE A DETAILED EXPLANATION AND COPIES OF ANY WRITTEN APPROVAL RECEIVED FROM THE BUREAU.

SECTION 4: LITIGATION HISTORY

HAS THIS GAMBLING ESTABLISHMENT BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?

☐ YES ☐ NO

IF YES, EXPLAIN EACH INCIDENT.

A) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)

STATE OR FEDERAL COURT

CASE NUMBER

CITY/COUNTY/STATE

DATE OF DISPOSITION

DISPOSITION

BRIEF EXPLANATION OF ISSUES

B) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)

STATE OR FEDERAL COURT

CASE NUMBER

CITY/COUNTY/STATE

DATE OF DISPOSITION

DISPOSITION

BRIEF EXPLANATION OF ISSUES

C) NAME OF PLAINTIFF(S) AND DEFENDANT(S)

NAME OF CLAIMANT(S) AND RESPONDENT(S)

DATE FILED (MM/DD/YYYY)

STATE OR FEDERAL COURT

CASE NUMBER

CITY/COUNTY/STATE

DATE OF DISPOSITION

DISPOSITION

BRIEF EXPLANATION OF ISSUES

SECTION 5: FINANCIAL INFORMATION

HAS ANY INTEREST IN THIS GAMBLING ESTABLISHMENT BEEN ASSIGNED, PLEDGED, OR HYPOTHECATED TO ANY INDIVIDUAL OR ENTITY OR HAS ANY AGREEMENT BEEN ENTERED INTO WHEREBY YOUR INTEREST IS TO BE ASSIGNED, PLEDGED, OR SOLD EITHER IN PART OR WHOLE?

☐ YES ☐ NO

IF YES, EXPLAIN BELOW.

HAVE ANY INDIVIDUALS, BUSINESSES, OR GOVERNMENTAL AGENCIES FILED LIENS OR JUDGMENTS AGAINST THE BUSINESS WITHIN THE LAST 10 YEARS?

☐ YES ☐ NO

IF YES, PROVIDE DETAILS HERE.

<input type="checkbox"/> LIEN	DATE FILED (MM/YYYY)	NAME OF PERSON THAT FILED THE LIEN OR JUDGMENT
<input type="checkbox"/> JUDGMENT		

EXPLAIN THE STATUS

<input type="checkbox"/> LIEN	DATE FILED (MM/YYYY)	NAME OF PERSON THAT FILED THE LIEN OR JUDGMENT
<input type="checkbox"/> JUDGMENT		

EXPLAIN THE STATUS

IS THIS GAMBLING ESTABLISHMENT, OR ANY INTEREST IN THIS GAMBLING ESTABLISHMENT HELD BY A TRUST?

☐ YES ☐ NO

IF YES, YOU MUST ALSO COMPLETE AND SUBMIT AN APPLICATION FOR STATE GAMBLING LICENSE (CGCC-030) FOR THE TRUST AND A TRUST SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION FORM (BGC-APP. 143). WHEN A FINANCIAL INTEREST IS HELD BY A TRUST, ANY CURRENT TRUSTOR(S), TRUSTEE(S), AND BENEFICIARIES (WHO ARE NOT CONTINGENT ON A FUTURE EVENT) MUST ALSO APPLY FOR A STATE GAMBLING LICENSE.

ARE THERE ANY GAME INVENTORS WHO HAVE A FINANCIAL INTEREST IN THIS GAMBLING ESTABLISHMENT (I.E., RECEIVING COMPENSATION THAT IS BASED ON CARDROOM REVENUE, ETC.)?

☐ YES ☐ NO

EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE GAMBLING ESTABLISHMENT IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN OWNER (CGCC-030, BGC-APP. 015A OR 015B, AND SUPPORTING DOCUMENTS).

IF YES, PROVIDE DETAILS HERE.

NAME	ADDRESS	GAME INVENTED/ BEING PLAYED	COMPENSATION ARRANGEMENT/ % OF REVENUE

ARE THERE ANY **EMPLOYEES** WHO PARTICIPATE IN PROFIT SHARING PLANS OR TO WHOM BONUSES ARE PAID THAT ARE BASED ON GAMBLING ESTABLISHMENT REVENUE?

☐ YES ☐ NO

EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE GAMBLING ESTABLISHMENT IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN OWNER (CGCC-030, BGC-APP. 015A OR 015B, AND SUPPORTING DOCUMENTS).

IF YES, PROVIDE DETAILS HERE.

NAME	TITLE	BONUS/PROFIT SHARING	COMPENSATION ARRANGEMENT/ % OF REVENUE

SECTION 6: RENT/LEASE INFORMATION

NAME OF PROPERTY OWNER		NAME OF LEASING AGENT/LANDLORD	
ADDRESS (NUMBER/STREET)		CITY	STATE ZIP
PHONE		MONTHLY RENT/LEASE PAYMENT	
IS THERE ANY PORTION OF THE RENT/LEASE PAYMENT BASED ON GAMBLING ESTABLISHMENT REVENUES?			<input type="checkbox"/> YES <input type="checkbox"/> NO
EACH PERSON WHO RECEIVES A PERCENTAGE OF REVENUES FROM THE GAMBLING ESTABLISHMENT IS REQUIRED TO SUBMIT A SEPARATE APPLICATION AS AN OWNER (CGCC-030, BGC-APP. 015A OR 015B, AND SUPPORTING DOCUMENTS).			
DO ANY PERSONS WHO OWN THE BUILDING IN WHICH THIS GAMBLING ESTABLISHMENT OPERATES OR THE LAND UPON WHICH THIS GAMBLING ESTABLISHMENTS SITS, OR ANY PERSONS EMPLOYED BY THE LESSOR HAVE A FINANCIAL INTEREST IN THIS GAMBLING ESTABLISHMENT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE DETAILS HERE.			
NAME OF PERSON WITH INTEREST	ADDRESS	DESCRIPTION OF THEIR FINANCIAL INTEREST IN THIS GAMBLING ESTABLISHMENT	

SECTION 7: REMUNERATIONS

LIST ANY REMUNERATION EXCEEDING \$50,000 PAID ANNUALLY TO PERSONS OTHER THAN THE LICENSED OWNERS OF THIS GAMBLING ESTABLISHMENT.

NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT \$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT \$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT \$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT \$

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF _____, 20____.

SECTION 8: STATEMENT OF ASSETS

LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE, ASSOCIATED WITH THIS GAMBLING ESTABLISHMENT. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, THE GAMBLING ESTABLISHMENT'S INVESTMENT(S) SHOULD BE REFLECTED ON SCHEDULE D.

ASSETS	* PURCHASE PRICE	CURRENT MARKET VALUE
CASH (TOTAL FROM SCHEDULE A)		
STOCKS AND BONDS (TOTAL FROM SCHEDULE B)		
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE C)		
BUSINESS INVESTMENTS * (TOTAL FROM SCHEDULE D)		
CAPITAL IMPROVEMENTS		
REAL ESTATE (TOTAL FROM SCHEDULE E)		
OTHER ASSETS (TOTAL FROM SCHEDULE F)		
TOTAL ASSETS		

SECTION 9: STATEMENT OF LIABILITIES

LIST THE VALUE OF ALL YOUR LIABILITIES ASSOCIATED WITH THIS GAMBLING ESTABLISHMENT. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.

LIABILITIES	* INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		
NOTES PAYABLE * (TOTAL FROM SCHEDULE I)		
MORTGAGE PAYABLE * (TOTAL FROM SCHEDULE J)		
CONTINGENT AND OTHER LIABILITIES (SCHEDULE K)		
TOTAL LIABILITIES		

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

SECTION 10: SUPPORTING DOCUMENTATION CHECKLIST

The following items must be submitted in conjunction with an Application for a State Gambling License (CGCC-030) and this Gambling Establishment Supplemental Background Investigation Information form (BGC-APP 015C). Originals are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide complete documents may result in denial of a license/denial of suitability. Pursuant to Business and Professions Code section 19868(a), an official filing date will not be established until all required forms, documentation and fees have been received by the State.

- ☐ Background Investigation Deposit required in CCR, Title 11, Division 3, Chapter 1, Article 4, Section 2037
- ☐ Owner Supplemental Information (BGC-APP. 015A and/or 015B).
- ☐ Application for State Gambling License (CGCC-030) and a Trust Supplemental Background Investigation Information form (BGC-APP. 143) if your interest in this gambling establishment is held by a trust.
- ☐ Declaration of Full Disclosure (BGC-APP. 005 [Rev. 11/07])
- ☐ Authorization to Release Information (BGC-APP. 006 [Rev. 04/08])
- ☐ Appointment of Designated Agent (BGC-APP. 008 [Rev. 11/07]) (initial applications only)
- ☐ Current Organizational Chart for this Owner Entity - Show Names, Job Titles, and Lines of Accountability
- ☐ Identification of Key Employees and a full and complete description of duties performed by persons occupying each key employee position (document must be signed by a designated agent/owner licensee)
- ☐ Current Conditional Use Permit, if applicable - copy
- ☐ Current Local Gambling Establishment Business License or Permit - copy
- ☐ Chips in Use Account - a copy of the most recent statement of the financial institution account covering the chips in use
- ☐ Players' Bank Account - a copy of the most recent statement of the financial institution account covering the players' bank funds, if applicable
- ☐ Cardroom Security Plan/Cardroom Floor and Gambling Table Layout (see Business and Professions Code section 19924) - copy
- ☐ Emergency Preparedness and Evacuation Plan (see CCR, Title 4, section 12370) - copy
- ☐ Rules for all games and gaming activities, including a description of the event that determines the winner of the game or gaming activity, the wagering conventions, and the fee collection and assessment methods (see CCR, Title 11, section 2071)
- ☐ Tax Returns - Signed and dated copies of business state and federal taxes for the last three years, including all schedules and attachments.
- ☐ Current Balance Sheet and Income Statement
- ☐ Investment Account Statements - Copies of all monthly statements for all business accounts corresponding to the same period of time reflected in the balance sheet and income statement.

Pursuant to Business and Professions Code section 19867, an applicant is responsible for all costs incurred by the Bureau while conducting a background investigation for gambling license suitability. At the conclusion of the investigation, the applicant will receive an itemized accounting of all such costs. Monies received in excess of the actual costs incurred will be refunded. A license will not be issued until all outstanding background investigation and issuance fees are received.

SECTION 11: DECLARATION

I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at

on

City and State

Date

SIGNATURE

PRINT FULL NAME

DATE

SCHEDULE A - ASSETS
Cash

List all cash and where it is located, e.g. financial institutions (foreign and domestic), safe deposit boxes, etc.

Name and Address of Bank or Investment Account	Type of Account	Account Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				TOTAL *	\$

* This total should match the corresponding total reported on page 6.

Signature or Preparer _____

Date _____

SCHEDULE B - ASSETS

Stocks and Bonds

List all stocks, bonds, mutual funds, or other similar investments held or controlled.

Issuer	Registered Owner	Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	Number of Shares or Units	Current Market Value
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				TOTAL *	\$

* This total should match the corresponding total reported on page 6.

Signature or Preparer _____

Date _____

SCHEDULE C - ASSETS
Accounts and Notes Receivable

List all loans, accounts, and notes receivable.

Name and Address of Debtor	Date Acquired	Maturity Date (Notes Receivable)	Payment Amount and Payment Period (e.g. Weekly, Monthly)	Interest Rate	Original Amount	Unpaid Balance
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					TOTAL *	\$

* This total should match the corresponding total reported on page 6.

Signature or Preparer _____ Date _____

SCHEDULE D - ASSETS
Business Investments

List any business investments in which any direct, indirect, or vested interest is held, along with the names of all individuals or entities who share a direct, indirect or vested interest. This should include, but not be limited to, joint ventures, partnerships, limited liability companies, and corporations.

Entity Name	Type of Entity	Number of Shares or Units	Name in Which Held	Percent of Ownership	Individuals or Entities Sharing Interest and Percentage Ownership	Date of Purchase	Purchase Price	Current Market Value
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							TOTAL *	\$

* This total should match the corresponding total reported on page 6.

Signature or Preparer _____

Date _____

SCHEDULE E - ASSETS
Real Estate

List any direct or indirect interest held in real property.

Address or Parcel Number and Location	Type (Residential or Commercial)	Percentage of Ownership	Date of Purchase	Current Income (Rent/Lease) (Indicate per month, year, etc.)	Purchase Price	Current Market Value
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					TOTAL *	\$

* This total should match the corresponding total reported on page 6.

Signature or Preparer _____

Date _____

SCHEDULE F - ASSETS

Other Assets

List all other assets (e.g., art collections, coin collections, antiques, automobiles, etc.) held by the gambling establishment.

Type of Asset	Description (e.g., serial numbers, VIN numbers)	Date of Purchase	Purchase Price	Current Market Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			TOTAL *	\$

* This total should match the corresponding total reported on page 6.

Signature or Preparer _____

Date _____

SCHEDULE G - LIABILITIES

Accounts Payable

List all accounts payable (e.g. revolving accounts, credit cards, leases, lines of credit).

Name and Address of Creditor	Account Number	Collateral	Date Incurred	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Interest Rate	Unpaid Balance
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
				TOTAL *		\$

* This total should match the corresponding total reported on page 6.

Signature or Preparer _____

Date _____

SCHEDULE H - LIABILITIES

Taxes Payable

List all unpaid and estimated taxes.

Taxing Authority (e.g., Franchise Tax Board, Internal Revenue Service/Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Original Amount	Fines, Penalties, and Interest	Unpaid Balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				TOTAL *	\$

* This total should match the corresponding total reported on page 6.

Signature or Preparer _____

Date _____

SCHEDULE I - LIABILITIES

Notes Payable

List all notes payable.

Name and Address of Creditor	Date Incurred	Collateral	Maturity Date	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Original Note Amount	Interest Rate	Unpaid Balance
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					TOTAL *		\$

* This total should match the corresponding total reported on page 6.

Signature or Preparer _____

Date _____

SCHEDULE J - LIABILITIES
Mortgages Payable

List all mortgages or liens on real estate.

Name and Address of Creditor Account Number	Address or Parcel Number and Location of Real Estate	Date Incurred	Interest Rate	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Original Loan Amount	Unpaid Balance
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					TOTAL *	\$

* This total should match the corresponding total reported on page 6.

Signature or Preparer _____ Date _____

SCHEDULE K - LIABILITIES

Contingent and Other Liabilities

List any other indebtedness or liability, e.g., co-signer on a loan, pending litigation, etc.

Name and Address of Creditor	Date Incurred	Collateral	Description of Liability and Account Number	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Interest Rate	Original Amount	Unpaid Balance
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						TOTAL *	\$

* This total should match the corresponding total reported on page 6.

Signature or Preparer _____

Date _____