



**ANNUAL LUCKY 7
FINANCIAL STATEMENT**

REPORTING PERIOD

July 1, 20_____ through June 30, 20_____

CONTACT INFORMATION

Business Name:

Contact Person’s Name and Title:

Address for Official Correspondences:

Street/PO Box

City:

State:

Zip:

Phone Number:

Fax Number:

e-mail:

Web Address:

Form #	Name of Ticket	Number of Deals Sold	Number of Deals in Inventory*

* “Deals in Inventory” refers to the number of deals that remain unsold as of the close of business on June 30th of the reported state fiscal year.

ANNUAL LUCKY 7 FINANCIAL STATEMENT

Business Name of Licensed Distributor: _____

Reporting Period: July 1, 20____ through June 30, 20_____

Form #	Name of Ticket	Number of Deals Sold	Number of Deals in Inventory*

* “Deals in Inventory” refers to the number of deals that remain unsold as of the close of business on June 30th of the reported State Fiscal Year.

ANNUAL LUCKY 7 FINANCIAL STATEMENT

Business Name of Licensed Distributor: _____

Reporting Period: July 1, 20____ through June 30, 20____

Form #	Name of Ticket	Number of Deals Sold	Number of Deals in Inventory*
TOTALS			

* "Deals in Inventory" refers to the number of deals that remain unsold as of the close of business on June 30th of the reported state fiscal year.

TOTAL FEES PAID

Total fees paid to NH RCGC in the reported fiscal year: \$ _____

ATTESTATIONS

I certify, under penalty of unsworn falsification pursuant to RSA 641:3, that I prepared this statement and that all the information contained herein is true, accurate and complete and that there are no willful misrepresentations in or falsifications of the information provided.

Signature of CPA, comptroller, auditor or chief accountant who prepared the document

Printed Name

Date

I certify that I reviewed this statement and that the information contained herein is true, accurate and complete to the best of my knowledge and belief, and that there are no willful misrepresentations in or falsifications of the information provided.

Signature of an officer or owner for the company who has reviewed and approved the document for submission

Printed Name

Date