



State of Michigan
 Michigan Gaming Control Board
 Office of the Executive Director
 P.O. Box 30786
 Lansing, MI 48909
 Phone: (313) 456-4940
 Fax: (313) 456-3405
 Email: Millionaireparty@michigan.gov
 www.michigan.gov/mgcb

MILLIONAIRE PARTY SUPPLIER ANNUAL REPORT

File by October 15

Name of Company		Supplier License No.	
Mailing Address	City & State	ZIP Code	Report for Year of

What accounting method does your organization utilize? Cash Basis Accrual Basis

Income Statement October 1 through September 30 (Millionaire Party)

Include only revenue and expenses directly related to millionaire party events licensed by the State of Michigan.

Revenue:

- | | | |
|---|----------|----------|
| 1. Sale and Rental of Equipment | \$ _____ | |
| 2. Technical Support/Training | \$ _____ | |
| 3. Other Revenue (<i>Attach Schedule A</i>) | \$ _____ | |
| 4. Total Revenue | | \$ _____ |

Expenses:

- | | | |
|--|----------|----------|
| 5. Equipment | \$ _____ | |
| 6. Salaries and Wages | \$ _____ | |
| 7. Contract Labor | \$ _____ | |
| 8. Advertising | \$ _____ | |
| 9. Rental Expense | \$ _____ | |
| 10. Office Supplies | \$ _____ | |
| 11. Charitable Donations* | \$ _____ | |
| 12. Other Expenses (<i>Attach Statement B</i>) | \$ _____ | |
| 13. Total Expenses | | \$ _____ |

MP Net Profit/(Loss) (subtract line 13 from line 4) \$ _____

*Note: The Charitable Donations expense line item only relates to donations that were made to the charitable organization to cover any losses for a millionaire party event.



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Income Statement October 1 through September 30 (Enterprise)

Include all revenue and expenses related to the supplier's activity.

Revenue:

- 1. Gross Receipts or Sales \$ _____
- 2. Returns and Allowances \$ _____
- 3. Balance (subtract line 2 from line 1) \$ _____
- 4. Cost of Goods Sold \$ _____
- 5. Gross Profit (subtract line 4 from line 3) \$ _____
- 6. Other Income/(Loss) (*Attach Schedule C*) \$ _____
- 7. Total Income/(Loss) (add/subtract line 6 from line 5) \$ _____

Expenses:

- 8. Equipment \$ _____
- 9. Salaries and Wages \$ _____
- 10. Contract Labor \$ _____
- 11. Advertising \$ _____
- 12. Rental Expense \$ _____
- 13. Office Supplies \$ _____
- 14. Charitable Donations \$ _____
- 15. Other Expenses (*Attach Statement D*) \$ _____
- 16. Total Expenses (add lines 8 through 15) \$ _____

Ordinary Business Income/(Loss) (subtract line 16 from line 7) \$ _____

Federal Taxes Paid \$ _____

State Taxes Paid \$ _____



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Balance Sheet (Enterprise) Ending September 30

Include all assets, liabilities, and owner equity related to the supplier.

Assets:

Current (less than one year):

Cash and Cash Equivalents	\$ _____
Accounts Receivable	\$ _____
Other Current Assets (<i>Attach Schedule E</i>)	\$ _____
Total Current Assets	\$ _____

Long-Term (one year or greater):

Building, Property, and Equipment	\$ _____
Other Long-Term Assets (<i>Attach Schedule F</i>)	\$ _____

Total Assets \$ _____

Liabilities and Owner Equity:

Current (less than one year):

Accounts Payable	\$ _____
Mortgages/Notes Payable (Current Portion)	\$ _____
Other Current Liabilities (<i>Attach Schedule G</i>)	\$ _____
Total Current Liabilities	\$ _____

Long-term (one year or greater):

Mortgages/Notes Payable (Less Current Portion)	\$ _____
Other Long-Term Liabilities (<i>Attach Schedule H</i>)	\$ _____

Total Liabilities \$ _____

Owner Equity:

Common Stock	\$ _____
Paid-In Capital	\$ _____
Retained Earnings	\$ _____
Other Owner Equity (<i>Attach Schedule I</i>)	\$ _____

Total Owner Equity \$ _____

Total Liabilities and Owner Equity \$ _____

I CERTIFY, as the owner or principal officer of this business having examined this report, there is no misrepresentation or falsification in the information stated. I FURTHER CERTIFY I am aware false or misleading information may be cause for suspension of the current license and/or prevent the issuance of future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the related Administrative Rules.

Signature	Title	Date



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SCHEDULE A

Other Revenue - Millionaire Party

List all other revenue related to millionaire party events.

Revenue Description	Amount
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
5.	\$ _____
6.	\$ _____
7.	\$ _____
8.	\$ _____
9.	\$ _____
10.	\$ _____
11.	\$ _____
12.	\$ _____
13.	\$ _____
14.	\$ _____
15.	\$ _____
TOTAL	\$ _____



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SCHEDULE B

Other Expenses - Millionaire Party

List all other expenses related to millionaire party events.

Expense Description	Amount
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
5.	\$ _____
6.	\$ _____
7.	\$ _____
8.	\$ _____
9.	\$ _____
10.	\$ _____
11.	\$ _____
12.	\$ _____
13.	\$ _____
14.	\$ _____
15.	\$ _____
TOTAL	\$ _____



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SCHEDULE C

Other Income - Enterprise

List all other income of the supplier.

Income Description	Amount
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
5.	\$ _____
6.	\$ _____
7.	\$ _____
8.	\$ _____
9.	\$ _____
10.	\$ _____
11.	\$ _____
12.	\$ _____
13.	\$ _____
14.	\$ _____
15.	\$ _____
TOTAL	\$ _____



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SCHEDULE D

Other Expenses - Enterprise

List all other expenses of the supplier.

Expense Description	Amount
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
5.	\$ _____
6.	\$ _____
7.	\$ _____
8.	\$ _____
9.	\$ _____
10.	\$ _____
11.	\$ _____
12.	\$ _____
13.	\$ _____
14.	\$ _____
15.	\$ _____
TOTAL	\$ _____



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SCHEDULE E

Other Current Assets - Enterprise

List all other current assets of the supplier.

Current Asset Description	Amount
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
5.	\$ _____
6.	\$ _____
7.	\$ _____
8.	\$ _____
9.	\$ _____
10.	\$ _____
11.	\$ _____
12.	\$ _____
13.	\$ _____
14.	\$ _____
15.	\$ _____
TOTAL	\$ _____



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SCHEDULE F

Other Long-Term Assets - Enterprise

List all other long-term assets of the supplier.

Long-Term Asset Description	Amount
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
5.	\$ _____
6.	\$ _____
7.	\$ _____
8.	\$ _____
9.	\$ _____
10.	\$ _____
11.	\$ _____
12.	\$ _____
13.	\$ _____
14.	\$ _____
15.	\$ _____
TOTAL	\$ _____



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SCHEDULE G

Other Current Liabilities - Enterprise

List all other current liabilities of the supplier.

Current Liability Description	Amount
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
5.	\$ _____
6.	\$ _____
7.	\$ _____
8.	\$ _____
9.	\$ _____
10.	\$ _____
11.	\$ _____
12.	\$ _____
13.	\$ _____
14.	\$ _____
15.	\$ _____
TOTAL	\$ _____



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SCHEDULE H

Other Long-Term Liabilities - Enterprise

List all other long-term liabilities of the supplier.

Long-Term Liability Description	Amount
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
5.	\$ _____
6.	\$ _____
7.	\$ _____
8.	\$ _____
9.	\$ _____
10.	\$ _____
11.	\$ _____
12.	\$ _____
13.	\$ _____
14.	\$ _____
15.	\$ _____
TOTAL	\$ _____



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SCHEDULE I

Other Owner Equity - Enterprise

List all other owner equity of the supplier.

Owner's Equity	Amount
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
5.	\$ _____
6.	\$ _____
7.	\$ _____
8.	\$ _____
9.	\$ _____
10.	\$ _____
11.	\$ _____
12.	\$ _____
13.	\$ _____
14.	\$ _____
15.	\$ _____
TOTAL	\$ _____