

LICENSEE NAME: _____

DATE: _____

ATTACHMENT B

CASHIER CAGE

DAILY CASH SUMMARY COMPLIANCE ATTRIBUTE WORKSHEET

| A* | | TRACED TO SUPPORTING DOCUMENTS B* | | | | | | | | | | | | | B* | | | Signatures B* | | C* | | | | | |
|------|-------|-----------------------------------|------------------------------|------------------------|----------------|---|----------------------|---------------------------|--|--|-----------------------------|-----------------------|--|---------------|----------|-----------|------|---------------------------|-------------|---------|------------|-------------------------|----------|--|--|
| Date | Shift | Cash Inv. Sheet | BV, Slot & Table Games Count | Fed/State Inc. Tax W/H | Intercepts W/H | Change Bank Check Ins & Patron Deposits | Other Misc. Receipts | JP Payouts & Hopper Fills | Ticket Payouts & Purchase Ticket Payouts | Tickets as Tips, Paid Unredeemed Tickets | Table Fills & Initial Fills | Change Bank Checkouts | Patron Withdrawals & Other Dept. Payouts | Misc. Payouts | Deposits | Lic. Name | Math | Errors Properly Corrected | Date; Shift | Cashier | Accounting | Doc tested - No Except. | Comments | | |
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LICENSEE NAME: _____

DATE: _____

**ACCOUNTING
MONTHLY SLOT REVENUE SUMMARY REPORT COMPLIANCE ATTRIBUTE WORKSHEET**

| A* | | B* | | | | | | | | | | | | | C* | | |
|------|---------------|--------------------|---------------|-------------|------------------------|------------------------------------|--------------------------------|--------------------------------|----------------------------------|--|---------------------------------|-----------------------------|---|--|--------------------------|------------------------|----------|
| Date | Licensee Name | Report Period Date | Prepared Date | Prepared by | Reviewed/Approved Date | All denoms on floor are on report. | Coin-in ties to Theo Hold Rpt. | Drop ties to Drop Compare Rpt. | TKT Drop ties to TK Compare Rpt. | E-Drop ties to CEP-In plus NCEP-In Comp. Rpts. | Handpay ties to JP Compare Rpt. | Fills tie to Theo Hold Rpt. | TKTS Redmd ties to TKTS Redmd by Issuing Mch Rpt. | NCEP Credit Activity Out ties to NCEP-Out Comp. Rpt. | HPR Adj has adq. Support | Doc. Tested No Except. | Comments |
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Place an "A" in lower right corner of box if accounting did detect the non-compliance issue

Note:Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.

- A* Indicate actual information
- B* If attribute is present no indication is necessary, checkmark indicates non-compliance
- C* If no exceptions were noted place an "X" here.

of items reviewed (total column A): _____
 # of exceptions noted (items out of compliance): _____
 # of exceptions noted at follow-up: _____

LICENSEE NAME: _____

DATE: _____

**ACCOUNTING
TABLE GAMES MASTER GAMES SUMMARY REPORT COMPLIANCE ATTRIBUTE WORKSHEET**

| A* | B* | | | | | | | | | | | | C* | |
|------|---------------|------|-----|---------|-------|---------|---------|-------|--------------|---------|--------|--------------------|------------------------|----------|
| Date | Licensee Name | Game | Day | Closers | Drops | Credits | Openers | Fills | Hand Paid Jp | Net Win | Hold % | Math to Tax Return | Doc. Tested No Except. | Comments |
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Place an "A" in lower right corner of box if accounting did detect the non-compliance issue

- A* Indicate actual information
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Note:Count one slip/form as an item. If more than one attribute on the slip/form is out of compliance, only count it as one item out of compliance.

of items reviewed (total column A): _____

of exceptions noted (items out of compliance): _____

of exceptions noted at follow-up: _____

