STATE OF WEST VIRGINIA State Tax Department, Charitable Bingo/Raffle Unit P.O. Box 1143 Charleston, WV 25324-1143



Name			
Address		 Account #:	
City	State		

WV/RAF-3 rtL179 v 10-Web

ANNUAL, LIMITED & STATE FAIR RAFFLE FINANCIAL REPORT

Taxpayers required to file electronically will no longer receive returns for the tax types subject to the mandatory requirement by mail. Please visit www.wvtax.gov for additional information.

PLEASE USE BLUE OR BLACK INK ON ALL FORMS

Report Period: to 1		to	Due 30 days after expiration of license	Check if Annual Report	
CALCULATION OF ENDING BALANCE					
1.	Total Gross Pro	oceeds (From Schedule A Line 4)			
2.	Total All Prizes	(From Schedule B Line 5)			
3.	Total Raffle Ex	penses (From Schedule C Line 9)			
4.	Net Profit (Loss	s) for this Period (Line 1 minus Lin	e 2 and Line 3)		
5.	Beginning Bala	nce (Unexpended Balance at End o	f Previous Year)		
6.	Other Raffle De	eposits			
7.	Adjustments in	Raffle Account (Attach Explanation	n)	i i	
8.	Monies Transfe	erred to Bingo to Cover Losses		i i	
9.	Amounts Contr	ibuted to Organizations this Year			
10. Ending Unexpended Balance (Line 4 plus Line 5 plus Line 6 plus Line 7 minus Line 8 minus Line 9)					
11.	Year End Inver	ntory (Dollar amount paid for game	s on hand)		
12.	Percentage Use	d to Pro-Rate Expenses (If Applica	ble)		
		NAME OF BANK AND R	AFFLE CHECKING ACCOUNT N	UMBER	
NAN	ME OF BANK		RAFFLE CHECKING ACCOUNT NU	MBER	
CONCESSIONS					
	CONCESSION	OPERATOR:			
1.	Receipts				
2.	2. Expenses				
3.	Net Profit (Loss	•			

Complete Page 3 detailed check listing

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
Charitable Bingo/Raffle Unit
P.O. Box 1143, Charleston, WV 25324-1143
FOR ASSISTANCE CALL (304) 558-8510
For more information visit our web site at: www.wvtax.gov
File online at https://mytaxes.wvtax.gov



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SCHEDULE A - GROSS PROCEEDS	
1. Sale of Raffle Tickets	•
2. Donated Prizes (Value)	
3. Other Proceeds	
4. Total Gross Proceeds (Add lines 1 through 3) Enter here and on Page 1 Line 1	

SCHEDULE B - PRIZE PAYOUTS	
1. Cash or Check	•
2. Merchandise (Value)	
3. Donated Prizes (Value)	
4. Door Prizes	
5. Total All Prizes (Add Lines 1 Through 4) Enter here and on Page 1 Line 2	

SCHEDULE C - RAFFLE EXPENSES		
1. Rental		
2. Salaries & Related Payroll Taxes		
3. Bad Checks		
4. Utilities		
5. Raffle Games		
6. Custodial, Security, Personnel, Child		
7. Maintenance & Repairs		
8. Other (License Fee, Etc)		
9. Total Expenses (Add Lines 1 Through 8) Enter here and on Page 1 Line 3		

AGREEMENT					
THE FINANCIAL RETURN MUST BE CERTIFIED BY A CERTIFIED PUBLIC ACCOUNTANT OR BY A LICENSED PUBLIC ACCOUNTANT IF SCHEDULE A LINE 4 (TOTAL GROSS RECEIPTS) EXCEEDS \$50,000					
I,CERTIFY OR AFI	I,, AS AN AUTHORIZED REPRESENTATIVE OF				
KNOWLEDGE	(Name - Type or Print)	(Signature)	(Date)		
	(Telephone Number)	(Email Address)			



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ANNUAL, LIMITED & STATE FAIR RAFFLE FINANCIAL REPORT

Account #:	
Name	PLEASE USE BLUE OR BLACK INK ON ALL FORMS

LISTING OF CHECKS PAID OUT OF RAFFLE CHECKING ACCOUNT				
USE ADDITIONAL SHEETS IF NECESSARY *PLEASE NOTE: ALL CHECKS PAID OUT OF RAFFLE ACCOUNT MUST BE LISTED BEFORE RETURN CAN BE ACCEPTED				
CHECK NUMBER	DATE	PAYEE	PURPOSE OF CHECK	DOLLAR AMOUNT
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ANNUAL, LIMITED & STATE FAIR RAFFLE FINANCIAL REPORT

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THIS SCHEDULE MUST BE FILED WITH ALL RAFFLE FINANCIAL REPORTS				
SCHEDULE 1 LIST ALL WINNERS <u>OVER</u> \$100.00 AT EACH RAFFLE OCCASION				
DATE WON	NAME	ADDRESS	SOCIAL SECURITY NUMBER	DOLLAR AMOUNT WON
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