

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



 Name

 Address

 City State Zip

Account #: _____

WV/BGO-3
 rtL176 v.10-web

SUPER, ANNUAL, LIMITED & STATE FAIR BINGO 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.tax.wv.gov for additional information.

PLEASE USE BLUE OR BLACK INK ON ALL FORMS

Report Period:	to	Due Date:	Check if Annual Report <input type="checkbox"/>
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TYPE OF LICENSE (CHECK ONE) AND NUMBER OF BINGO OCCASIONS		
<input type="checkbox"/> ANNUAL LICENSE	<input type="checkbox"/> LIMITED LICENSE	Number of Bingo Occasions this Period
<input type="checkbox"/> ANNUAL SENIOR LICENSE	<input type="checkbox"/> STATE FAIR LICENSE	
<input type="checkbox"/> ANNUAL LICENSE (\$20,000 OR LESS)	<input type="checkbox"/> SUPER LICENSE	

CALCULATION OF ENDING BALANCE	
1. Total Receipts (From Schedule A Line 5)	.
2. Total All Prizes (From Schedule B Line 5)	.
3. Total Bingo Expenses (From Schedule C Line 8)	.
4. Net Profit (Loss) for this Period (Line 1 minus Line 2 and Line 3)	.
5. Beginning Balance (Unexpended Balance at End of Last Period)	.
6. Deposits in Bingo Account	.
7. Adjustments in Bingo Account (Attach Explanation)	.
8. Amounts Contributed this Period:	.
9. Ending Unexpended Balance (Line 4 + 5 +/- 6 +/- 7 - 8) (Must match checkbook)	.

CONCESSIONS	
CONCESSION OPERATOR	
1. Receipts	.
2. Expenses	.
3. Net Profit (Loss) Line 1 minus Line 2	.

Complete page 2 and sign return where indicated. Complete detailed check listing on page 3.

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Charitable Bingo/Raffle Unit
 P.O. Box 1143, Charleston, WV 25324-1143
 FOR ASSISTANCE CALL (304) 558-8683
 For more information visit our web site at: www.tax.wv.gov
 File online at <https://mytaxes.wvtax.gov>



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NAME OF BANK AND BINGO CHECKING ACCOUNT NUMBER	
NAME OF BANK	BINGO CHECKING ACCOUNT NUMBER

SCHEDULE A - RECEIPTS FOR REPORTING PERIOD	
1. Admission or Receipts	.
2. Sales of Supplies	.
3. Donated Prizes (Fair Market Value)	.
4. Other Receipts (Attach Itemized Sheet)	.
5. Total Receipts (Add Lines 1 through 4) Enter here and on Page 1 Line 1	.

SCHEDULE B - PRIZES	
1. Cash or Check	.
2. Merchandise — Cash Value at Time of Purchase	.
3. Donated Prizes (Value)	.
4. Other Prizes (Door Prizes, Winner Take All, Penny Games)	.
5. Total All Prizes (Add Lines 1 through 4) Enter here and on Page 1 Line 2	.

SCHEDULE C - EXPENSES	
1. Rental	.
2. Advertising	.
3. Custodial Service	.
4. Equipment & Supplies	.
5. Security Personnel	.
6. Salaries for Bingo Operators (Attach List)	.
7. Other (Explain)	.
8. Total Bingo Expenses (Add Lines 1 through 7) Enter here and on Page 1 Line 3	.

THE FINANCIAL RETURN MUST BE CERTIFIED BY A CERTIFIED PUBLIC ACCOUNTANT OR BY A LICENSED PUBLIC ACCOUNTANT IF SCHEDULE A LINE 5 (TOTAL RECEIPTS) EXCEEDS \$50,000.

AGREEMENT	
<p>I, _____, AS AN AUTHORIZED REPRESENTATIVE OF _____ CERTIFY OR AFFIRM THAT THE STATEMENTS AND ITEMS ENTERED HEREIN AND ATTACHED HERETO ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.</p>	
_____ <small>(Name - Type or Print)</small>	_____ <small>(Signature)</small>
_____ <small>(Telephone Number)</small>	_____ <small>(Date)</small>
_____ <small>(Email Address)</small>	



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