
 Name

 Address

 City State Zip

Account #: _____

WV/BGO-3
 rL174 v.1

SUPER, ANNUAL, LIMITED & STATE FAIR BINGO FINANCIAL REPORT

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 Tax Division
 Tax Account Administration
 P. O. Box 2666, Charleston, WV 25330-2666
FOR ASSISTANCE CALL (304) 558-8683 TOLL FREE (800) 982-8297
 For more information visit our web site at: www.tax.wv.gov



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SUPER, ANNUAL, LIMITED & STATE FAIR BINGO FINANCIAL REPORT

Letter Id: L1173352864

PLEASE USE BLUE OR BLACK INK ON ALL FORMS

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 _____</p> <p>CERTIFY OR AFFIRM THAT THE STATEMENTS AND ITEMS ENTERED HEREIN AND ATTACHED HERETO ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.</p> <p style="text-align: center;"> (Name - Type or Print) (Signature) (Date) </p> <p style="text-align: center;"> (Telephone Number) (Email Address) </p>	



0 2 0 0 8 2 5 0 2 W

