Tax Account Administration
P. O. Box 2666
Charleston, WV 25330-2666

WEST VIRGINIA TAX DIVISION

Name

Address

City State Zip

Account #: _____

WV/RAF-3
rtL184 v.2

ANNUAL, LIMITED & STATE FAIR RAFFLE FINANCIAL REPORT

PLEASE USE BLUE OR BLACK INK ON ALL FORMS

Report Period:	to	Due 30 days after expiration of license	Check if Annual Report ☐

CALCULATION OF ENDING BALANCE

1. Total Gross Proceeds (From Schedule A Line 4)	.
2. Total All Prizes (From Schedule B Line 5)	.
3. Total Raffle Expenses (From Schedule C Line 9)	.
4. Net Profit (Loss) for this Period (Line 1 minus Line 2 and Line 3)	.
5. Beginning Balance (Unexpended Balance at End of Previous Year)	.
6. Other Raffle Deposits	.
7. Adjustments in Raffle Account (Attach Explanation)	.
8. Monies Transferred to Bingo to Cover Losses	.
9. Amounts Contributed 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 Inventory (Dollar amount paid for games on hand)	.
12. Percentage Used to Pro-Rate Expenses (If Applicable)	.

NAME OF BANK AND RAFFLE CHECKING ACCOUNT NUMBER

NAME OF BANK	RAFFLE CHECKING ACCOUNT NUMBER

CONCESSIONS

CONCESSION OPERATOR:

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

Complete Page 3 detailed check listing

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
File online at https://mytaxes.wvtax.gov

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ANNUAL, LIMITED & STATE FAIR RAFFLE FINANCIAL REPORT

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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, _____ , 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.

_____
(Name - Type or Print) (Signature) (Date)

_____
(Telephone Number) (Email Address)

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ANNUAL, LIMITED & STATE FAIR RAFFLE FINANCIAL REPORT

Account #: _____

_____
Name

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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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THIS SCHEDULE MUST BE FILED WITH ALL RAFFLE FINANCIAL REPORTS

SCHEDULE 1
LIST ALL WINNERS OVER $100.00 AT EACH RAFFLE OCCASION

DATE WON	NAME	ADDRESS	SOCIAL SECURITY NUMBER	DOLLAR AMOUNT WON
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