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.wvtax.gov for additional information.

PLEASE USE BLUE OR BLACK INK ON ALL FORMS

Report Period:	to	Due Date:	Check if Annual Report	☐

TYPE OF LICENSE (CHECK ONE) AND NUMBER OF BINGO OCCASIONS

☐ ANNUAL LICENSE	☐ LIMITED LICENSE	**Number of Bingo Occasions this Period**
☐ ANNUAL SENIOR LICENSE	☐ STATE FAIR LICENSE	
☐ ANNUAL LICENSE ($20,000 OR LESS)	☐ 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.

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SUPER, ANNUAL, LIMITED & STATE FAIR BINGO FINANCIAL REPORT

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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

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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SUPER, ANNUAL, LIMITED & STATE FAIR BINGO FINANCIAL REPORT

Account #: _____

_____
Name

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

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THIS SCHEDULE MUST BE FILED WITH ALL BINGO AND SUPER BINGO FINANCIAL REPORTS

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

DATE WON	NAME	ADDRESS	SOCIAL SECURITY NUMBER	DOLLAR AMOUNT WON
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