



 Name

 Address

 City State Zip

Account #: _____

WV/RAF-3
 rL179 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	Due 30 days after expiration of license	Check if Annual Report <input type="checkbox"/>
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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
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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 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	
<p>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</p>	
<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</p>	
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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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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