

GAMING MACHINE ACT 2004

Form made pursuant to s 53D of Gambling and Racing Control Act 1999



MONTHLY GAMING MACHINE TAX RETURN HOTEL/TAVERN

Please note this return is due within 7 days after the end of the relevant month

LICENSEE	LICENCE NO.:
TRADING NAME:	MONTH:

	TURNOVER \$	TOTAL WINS \$	METERED JACKPOTS PAID \$	SHORTPAYS \$	UNMETERED LINK JACKPOTS PAID \$	TOTAL PAYOUTS B+C+D+E \$	TOTAL GROSS REVENUE A-F \$
	A	B	C	D	E	F	G
1/10 Cent							
1 Cent							
2 Cent							
5 Cent							
10 Cent							
20 Cent							
\$1.00							
\$2.00							
SUB - TOTAL							
LESS H (FORFEITED UNCLAIMED LINKED JACKPOTS FOR THE CORRESPONDING MONTH IN PREVIOUS YEAR FROM PAGE 2)							
TOTAL GROSS REVENUE = Sub-Total G - H							

TOTAL TAX LIABILITY @ 25.9% (before adjustments)	\$
ADJUSTMENTS (as per statements received from Commission)	\$
TOTAL TAX PAYABLE	\$
ADD H+I+J (FORFEITED UNCLAIMED AMOUNTS FOR THE CORRESPONDING MONTH IN PREVIOUS YEAR FROM PAGE 2)	\$
TOTAL AMOUNT PAYABLE	\$

2nd floor, Canberra Nara Centre, 1 Constitution Avenue, Canberra City 2601

PO Box 214 CIVIC SQUARE ACT 2608

Homepage: <http://www.gamblingandracing.act.gov.au>

AF2008-116

H: UNCLAIMED UNMETERED LINKED JACKPOTS

(s 143 Gaming Machine Act 2004)

DATE JACKPOT WON	MACHINE SERIAL NUMBER	LINK TYPE/NUMBER	AMOUNT UNCLAIMED \$
			\$
			\$
			\$
			\$
			\$
H: TOTAL to be remitted to Commission			\$

I: UNCLAIMED METERED JACKPOTS

(s 143 Gaming Machine Act 2004)

(s 33 Gaming Machine Regulation 2004)

DATE JACKPOT WON	MACHINE SERIAL NUMBER	IDENTIFICATION NUMBER	AMOUNT UNCLAIMED \$
			\$
			\$
			\$
			\$
			\$
I: TOTAL to be remitted to Commission			\$

J: UNCLAIMED TICKETS

(s 33 Gaming Machine Regulation 2004)

DATE TICKET ISSUED	MACHINE SERIAL NUMBER	TICKET IDENTIFICATION NUMBER	AMOUNT UNCLAIMED \$
			\$
			\$
			\$
			\$
			\$
J: TOTAL to be remitted to Commission			\$

I. _____ of _____ <small>(print full name)</small> <small>(name of licensee)</small>
declare that the information on this form is true and correct.
_____ (Signature) _____ (Position) _____ (Date)

IMPORTANT INFORMATION

Post application to: ACT Gambling and Racing Commission PO Box 214 CIVIC SQUARE ACT 2608

Please indicate by ticking the appropriate box which of the following will be the method of payment:

- money order or cheque made payable to the ACT Gambling and Racing Commission; or**
- EFT/direct credit (Account name: *ACT Gambling & Racing Commission Tax Collections, BSB-062-987, Account number: 10001432*); or**
- credit card (Visa or Master Card). Please complete the required details in the area provided below.**

PAYMENT BY CREDIT CARD

Card type Master Card Visa Amount \$ (maximum of \$3,000.00)

Card Number Expiry Date:/.....

Name on Card: Signature:

THIS SECTION FOR OFFICE USE ONLY – FINANCE SECTION

Payment

Processed by: Date:/...../..... Receipt Number:
(Authorised Officer)