

## MONTHLY GAMING MACHINE TAX RETURN CLUB

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

<b>LICENSEE:</b>	<b>LICENCE NO.:</b>
<b>TRADING NAME:</b>	<b>MONTH:</b>

	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
<sup>1</sup> / <sub>10</sub> Cent							
1 Cent							
2 Cent							
5 Cent							
10 Cent							
20 Cent							
\$1.00							
\$2.00							
<b>SUB - TOTAL</b>							

<b>LESS H</b> (FORFEITED UNCLAIMED LINKED JACKPOTS FOR THE CORRESPONDING MONTH IN PREVIOUS YEAR - FROM PAGE 2)	
<b>TOTAL GROSS REVENUE = Sub-Total G - H</b>	

**Notes**  
 No Tax is payable where the total gross revenue does not exceed \$14,999.  
 Where revenue is equal to or greater than \$15,000 the corresponding tax rate applies.

REVENUE	TAX RATE	TAX PAYABLE
\$1 TO \$14,999	NIL	\$ NIL
\$15,000 TO \$24,999	15%	\$
\$25,000 TO \$49,999	17%	\$
\$50,000 AND ABOVE	21%	\$
<b>TOTAL TAX LIABILITY (before adjustments)</b>		\$
ADJUSTMENTS (as per statements received from Commission)		\$
<b>TOTAL TAX PAYABLE</b>		\$
<b>ADD H+I+J</b> (FORFEITED UNCLAIMED AMOUNTS FOR THE CORRESPONDING MONTH IN PREVIOUS YEAR FROM PAGE 2)		\$
<b>TOTAL AMOUNT PAYABLE</b>		\$

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>

## H: UNCLAIMED UNMETERED LINKED JACKPOTS

(s 143 Gaming Machine Act 2004)

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

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

**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)