

## **MONTHLY GAMING MACHINE RETURN HOTEL/TAVERN**

Please ensure completed form, together with the associated payments, is received by the Commission by the 7th day after the end on the month.

POST: ACT Gambling and Racing Commission  
PO Box 214  
CIVIC SQUARE ACT 2608  
FAX: (02) 6207 7372  
EMAIL: [gaming.operations@act.gov.au](mailto:gaming.operations@act.gov.au)

### **PART A - GAMING MACHINE TAX LIABILITY**

Electronic Funds Transfer to the ACT Gambling and Racing Commission – Tax Collections Account:  
BSB: 062-987  
Account Number: 1000 1432  
Reference: [Insert Licence Number]

### **PART B - UNCLAIMED PRIZES**

Electronic Funds Transfer to the ACT Gambling and Racing Commission - Unclaimed Monies:  
BSB: 062-987  
Account Number: 1001 9229  
Reference: [Insert Licence Number]

### **PART C - PROBLEM GAMBLING ASSISTANCE FUND LEVY**

Electronic Funds Transfer to the ACT Gambling and Racing Commission - Problem Gambling Assistance Fund:  
BSB: 062-987  
Account Number: 1001 9982  
Reference: [Insert Licence Number]

Note: If payment is by cheque, three separate cheques made payable to the ACT Gambling and Racing Commission are required.

<b>PART A</b>	<b>MONTHLY GAMING MACHINE TAX RETURN</b>
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Details of Licensee			
Name of Licensee		Licence No.	
Trading Name		Month	

Gross Revenue								
	Turnover \$	Total Wins \$	Metered Jackpots Paid \$	Shortpays \$	Unmetered Link Jackpots Paid \$	Multi-user Link Contribution \$	Total Payouts B+C+D+E+F \$	Sub-Total Gross Revenue A-G \$
	A	B	C	D	E	F	G	H
1/10 Cent								
1 Cent								
2 Cent								
5 Cent								
10 Cent								
20 Cent								
50 Cent								
\$1.00								
\$2.00								
<b>Sub- Total</b>								
<b>Less</b> (Forfeited unclaimed linked jackpots for the corresponding month in previous year - from page 3)								
<b>Total Gross Revenue</b>								

Tax Payable	
<b>Total Tax Liability @ 25.9% (before adjustments)</b>	\$
Adjustments (as per statements received from Commission)	\$
<b>Total Tax Payable</b>	\$
BSB: 062-987 Account Number: 10001432	

**THIS SECTION FOR OFFICE USE ONLY**

Payment Received: ..... Date / / Receipt Number: .....  
 (Authorised Officer)

<b>PART B</b>	<b>UNCLAIMED PRIZES</b>
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<b>Details of Licensee</b>			
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<b>Name of Licensee</b>		<b>Licence No.</b>	
<b>Trading Name</b>		<b>Month</b>	

<b>Unclaimed Unmetered Linked Jackpots</b>			
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*(s 143 Gaming Machine Act 2004)*

Date Jackpot Won	Machine Serial Number	Link Type/Number	Amount Unclaimed \$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>B(i): Total to be remitted to Commission for Unclaimed Unmetered Linked Jackpots</b>			\$

<b>Unclaimed Tickets</b>			
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*(s 33 Gaming Machine Regulation 2004)*

Date Ticket Issued	Machine Serial Number	Ticket Identification Number	Amount Unclaimed \$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>B(ii): Total to be remitted to Commission for Unclaimed Tickets</b>			\$

<b>Amount Payable</b>	
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<b>Total Amount Payable [B(i) + B(ii)]</b>	\$
BSB: 062-987 Account Number:10019229	

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Payment Received: ..... Date / / Receipt Number: .....  
 (Authorised Officer)

<b>PART C</b>	<b>PROBLEM GAMBLING ASSISTANCE FUND LEVY</b>
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Details of Licensee			
Name of Licensee		Licence No.	
Trading Name		Month	

Total Gross Gaming Machine Revenue (From part A of this form)	\$
Total Levy Liability @ 0.6% (before adjustments)	\$
Adjustments (as per statements received from Commission)	\$
<b>Total Levy Payable</b>	<b>\$</b>
BSB: 062-987 Account Number: 10019982	

<b>PART D</b>	<b>DECLARATION</b>
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<p>I, _____ of _____</p> <p style="text-align: center;"><i>(print full name)</i> <span style="margin-left: 200px;"><i>(name of licensee)</i></span></p> <p><b>declare that the information on this form is true and correct.</b></p> <p>(Signature) _____ (Position) _____ (Date) _____</p>
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Payment Received: ..... Date / / Receipt Number: .....

(Authorised Officer)