



GAMING MACHINE ACT 2004

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

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

PART A – GAMING MACHINE TAX LIABILITY

Electronic Funds Transfer to the ACT Gambling and Racing Commission – Tax Collections Account:
BSB: 032-777
Account Number: 002220
Reference: [Insert Certificate of Authorisation Number]

PART B – UNCLAIMED UNMETERED LINKED JACKPOTS

Electronic Funds Transfer to the ACT Gambling and Racing Commission – Unclaimed Monies Account:
BSB: 032-777
Account Number: 001914
Reference: [Insert Certificate of Authorisation Number]

PART C – PROBLEM GAMBLING ASSISTANCE FUND LEVY

Electronic Funds Transfer to the ACT Gambling and Racing Commission – Problem Gambling Assistance Fund Account:
BSB: 032-777
Account Number: 001922
Reference: [Insert Certificate of Authorisation Number]

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

AF2015-87

PART A	MONTHLY GAMING MACHINE TAX RETURN	Month	
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Details of Licensee and Authorised Venue			
Name of Licensee		Licence Number	
Name of Authorised venue		Certificate Number	

Gross Revenue								
	Turnover \$	Total wins \$	Metered Jackpots Paid \$	Shortpays \$	Unmetered Link Jackpots Paid \$	Multi-user Link Contributions \$	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								
Sub-total								
Less (Forfeited unclaimed linked jackpots for the corresponding month in previous year – from page 3)								
							Total Gross Revenue	

Tax Payable	
Total Tax Liability @25.9% (Before adjustments)	\$
Adjustments (As per statements received from Commission)	\$
Total Tax Payable	\$
BSB: 032-777 Account Number: 002220	

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PART B UNCLAIMED PRIZES

Details of Licensee and Authorised Venue		Month	
Name of Licensee		Licence Number	
Name of Authorised venue		Certificate Number	

Unclaimed Unmetered Linked jackpots

(s 143 Gaming Machine Act 2004)

Date Jackpot Won	Machine Serial Number	Link Type / Number	Amount Unclaimed \$
Total Amount Payable BSB: 032-777 account Number: 001914			\$

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PART C PROBLEM GAMBLING ASSISTANCE FUND LEVY

Total Gross Gaming Machine Revenue (from Part A of this form)	\$
Total Levy Liability @ 0.6% (before adjustment)	\$
Adjustments (as per statements received from Commission)	\$
Total Levy Payable BSB: 032-777 Account Number: 001922	\$

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PART D DECLARATION

I, _____ of _____
 (print full name) (name of licensee)

Declare that the information on this form is true and correct.

(Signature) _____ (Position) _____ (Date) _____