



**Department of Treasury
ACT Revenue Office**
PO Box 252
Civic Square ACT 2608

ANNUAL LODGMENT FORM

Utilities (Network Facilities Tax) 2006-07

Company Name		
ABN		
Postal Address		Postcode
Contact Person	Telephone	

Client Reference Number

THIS RETURN IS DUE BY 30 MAY 2007
The return and any remittance should be forwarded to the Commissioner for ACT Revenue, PO Box 252, Civic Square ACT 2608.

1. HAS THE COMMISSIONER APPROVED A METHODOLOGY FOR CALCULATING YOUR TOTAL ROUTE LENGTH?

Yes

No (If 'No', attach documentation on the methodology for determining your total network route length in kilometres)

2. INDICATE THE CALCULATION OF YOUR TAX LIABILITY FOR EACH RELEVANT UTILITY TYPE

	Determined Rate		Route Length	=	Tax Payable
Electricity Transmission Network	\$355	X	<input style="width: 50px;" type="text"/> km	=	<input style="width: 100px;" type="text"/>
Electricity Distribution Network	\$355	X	<input style="width: 50px;" type="text"/> km	=	<input style="width: 100px;" type="text"/>
Telecommunications Network	\$355	X	<input style="width: 50px;" type="text"/> km	=	<input style="width: 100px;" type="text"/>
Water Network	\$355	X	<input style="width: 50px;" type="text"/> km	=	<input style="width: 100px;" type="text"/>
Gas Transmission Network	\$355	X	<input style="width: 50px;" type="text"/> km	=	<input style="width: 100px;" type="text"/>
Gas Distribution Network	\$355	X	<input style="width: 50px;" type="text"/> km	=	<input style="width: 100px;" type="text"/>
Sewerage Network	\$355	X	<input style="width: 50px;" type="text"/> km	=	<input style="width: 100px;" type="text"/>
Other Network prescribed by regulation	\$355	X	<input style="width: 50px;" type="text"/> km	=	<input style="width: 100px;" type="text"/>
TOTAL TAX				=	<input style="width: 100px; border: 2px solid black;" type="text"/>

DECLARATION

I.....of.....
declare that the above details are correct.

Date/...../.....
Signature of authorised person

Please note that giving false or misleading information is a serious offence.