

MONTHLY GAMING MACHINE TAX RETURN CLUB

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

Licensee:							
Month:					Licence No:		
	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 FORFEITED UNCLAIMED LINKED JACKPOTS (FULJP) FOR THE CORRESPONDING MONTH IN PREVIOUS YEAR (FROM PAGE 2)							
TOTAL GROSS REVENUE = Sub-Total G - (FULJP)							

Note: No Tax is payable where the total gross revenue does not exceed \$14,999 and 'Nil' should be written in the following box. 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	\$
\$15,000 TO \$24,999	15%	\$
\$25,000 TO \$49,999	17%	\$
\$50,000 AND ABOVE	21%	\$
Total Tax Liability (before adjustments)		\$
Adjustments (as per statements received from Commission)		\$
TOTAL TAX PAYABLE		\$

UNCLAIMED JACKPOTS

DATE JACKPOT WON	MACHINE SERIAL NUMBER	LINK TYPE/NUMBER	AMOUNT OF MONEY UNCLAIMED - \$

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

declare that the information on this tax return 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:
<input type="checkbox"/> money order or cheque made payable to the ACT Gambling and Racing Commission; or
<input type="checkbox"/> EFT/direct credit (Account name: <i>ACT Gambling & Racing Commission Tax Collections</i> , BSB-062-987, Account number: 10001432); or
<input type="checkbox"/> 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:**

<u>THIS SECTION FOR OFFICE USE ONLY – FINANCE SECTION</u>
Payment Processed by: Date:/...../..... Receipt Number: <small>(Authorised Officer)</small>