

**SECTION 1** 

Name of

Sub -Total DETAILS OF LICENSEE

## **GAMING MACHINE ACT 2004**

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



## MONTHLY GAMING MACHINE TAX RETURN CLUB

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

Licence

Licensee						No.		
Trading Name						Month		
SECTION	2 GROSS R	EVENUE	T			1		T
	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	В	С	D	Е	F	G	Н
½10 Cent								
1 Cent								
2 Cent								
5 Cent								
10 Cent								
20 Cent								
\$1.00								
\$2.00								

**Less I** (Forfeited unclaimed linked jackpots for the corresponding month in previous year – from page 2)

**Total Gross Revenue = Sub-Total H - I** 

SECTION 3 TAX PAYABLE						
Notes	Revenue	Tax Rate	Tax Payable			
No Tax is payable where the total gross revenue does not exceed \$14,999.	\$1 to \$14,999	NIL	NIL			
Where revenue is equal to or greater than \$15,000 the corresponding tax rate applies.	\$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	\$				

SECTION 4	TOTAL AMOUNT PAYABLE		
		<b>Add I+J</b> (Forfeited unclaimed amounts for the corresponding month in previous year - from page 2)	\$
		Total Amount Payable	\$

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

SECTION 5 UNCLAIM	ED UNMETERED LINKED JACKPO						
·		aming Machine Act 2004)					
Date Jackpot Won	Machine Serial Number	Link Type/Number	Amount Unclaimed				
			\$				
			\$				
			\$				
			\$				
			\$				
	I: Total to be remitted to	Commission	\$				
SECTION 6 UNCLAIMED TICKETS							
SECTION 0   UNCLAIMI		ng Machine Regulation 2004)					
Date Ticket Issued	Machine Serial Number	Ticket Identification Number	Amount Unclaimed \$				
			\$				
			\$				
			\$				
			\$				
			\$				
	J: Total to be remitted to Commission						
SECTION 7 DECLARAT	ΓΙΟΝ						
DECITOT, PESSION							
I <u>,</u>	of	(name of licensee					
(print							
declare that the informat	tion on this form is true and co	rrect.					
	(Signature)	(Position)	(Date)				

## **IMPORTANT INFORMATION**

Post return 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.
- □ EFT/direct credit (Account name: ACT Gambling and Racing Commission Tax Collections, BSB 062-987 Account Number 10001432; or
- □ credit card (Visa or Mastercard). Please complete the required details in the area provided below.

PAYMENT BY CREDIT CARD					
Card Type	Mastercard	Visa	Amount \$		(maximum \$3,000.00)
Name on			Expiry Date		
Payment Processed by:	••••	FOR OFFICE USE		Receipt	