

GAMING MACHINE ACT 2004

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



MONTHLY GAMING MACHINE TAX RETURN HOTEL/TAVERN

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

SECTION	N 1 DETAILS	OF LICENSEE									
Name of Licensee							Licence				
Trading Trading						No.					
Name			Month								
SECTION	N 2 GROSS R	EVENUE									
SECTIO:	Turnover \$	Total Wins	Metered Jackpots Paid \$	Shortpays \$	Unmetered Link Jackpots Paid \$	Li Contri	–User nk bution	Total Payouts B+C+D+E+F		Sub-Total Gross Reven A-G \$	
	A	В	С	D	Е]	7	G		Н	
½10 Cent											
1 Cent											
2 Cent											
5 Cent											
10 Cent											
20 Cent											
\$1.00											
\$2.00											
Sub - Total											
Less I (For	feited unclaimed	linked jackpots for	the corresponding	month in previou	ıs year – from page	2)					
Total Gross Revenue = Sub-Total H - I											
SECTION	N 3 TAX PAY	ADIE									
SECTION	NJ IAXPAY	ABLE	TD. 4	1. T. 1.	0 25 00/	<i>a</i> e	1.	4 4 3] ,		
Total Tax Liability @ 25.9% (before adjustments)							\$				
Adjustments (as per statements received from Commission)						\$					
Total Tax Payable \$							\$				
SECTION	N 4 TOTAL A	MOUNT PAYAI	BLE								
Add I+J (Forfeited unclaimed amounts for the corresponding month in previous year - from page 2)							\$				
Total Amount Payable							\$				
A VVIII I AMADEL A WY WAVE								, T			

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

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SECTION 5 UNCLA	IMED UNMETERED LINKED JAC	KPOTS				
•	(s I	43 Gaming Machine Act 2004)				
Date Jackpot Won	Machine Serial Number	Link Type/Number		Amount Unclaimed in \$		
				\$		
				\$		
				\$		
				\$		
				\$		
	I: Total to be remitted	d to Commission		\$		
CECTION C UNCLA	IMED TICKETS					
SECTION 6 UNCLAI (s 33 Gaming Machine Regul						
Date Ticket Issued	Machine Serial Number	Ticket Identification Number		Amount Unclaimed in \$		
				\$		
				\$		
				\$		
				\$		
				\$		
	J: Total to be remitte	J: Total to be remitted to Commission				
SECTION 7 DECLAR	RATION					
<u>I,</u>		<u>of</u>				
(p	rint full name)		(name of licensee)			
declare that the inform	nation on this form is true and	d correct.				
	(Signature)		(Position)	(Date)		
i						

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:

- noney 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)	
Card No						
Name on Card:		Signature:	Expiry Date			
	THIS SECTION	FOR OFFICE USE O	NLY - FINANC	E SECTION		
		1011 011102 002 0				
Payment Processed by:		orised Officer)	Date /	Receipt / Numbe	r:	