



GAMING MACHINE ACT 2004

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

MONTHLY GAMING MACHINE RETURN CLUB

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 Licence 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 Licence 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 Licence Number]

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

AF2014-126

PART A	MONTHLY GAMING MACHINE TAX RETURN
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Details of Licensee			
Name of Licensee		Licence No.	
Trading Name		Month	

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		
Revenue	Tax Rate	Tax Payable
\$1 to \$14,999.99	NIL	NIL
\$15,000 to \$24,999.99	15%	\$
\$25,000 to \$49,999.99	17%	\$
\$50,000 and above	21%	\$
Total Tax Liability (Before adjustments)		\$
Adjustments (As per statements received from Commission)		\$
Total Tax Payable		\$
BSB: 032-777 Account Number: 002220		

THIS SECTION FOR OFFICE USE ONLY		
Payment Received:	Date / /	Receipt Number:.....
(authorised Officer)		

PART B	UNCLAIMED PRIZES
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Details of Licensee			
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Name of Licensee		Licence No.	
Trading Name		Month	

Unclaimed Unmetered Linked jackpots			
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(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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THIS SECTION FOR OFFICE USE ONLY			
Payment Received:	Date	/	/
(authorised Officer)			Receipt Number:.....

PART C	PROBLEM GAMBLING ASSISTANCE FUND LEVY
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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	\$

THIS SECTION FOR OFFICE USE ONLY			
Payment Received:	Date	/	/
(authorised Officer)			Receipt Number:.....

PART D	DECLARATION
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I, _____ of _____
 (print full name) (name of licensee)

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

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