



## **GAMING MACHINE ACT 2004**

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

# **MONTHLY GAMING MACHINE RETURN HOTEL/TAVERN**

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](mailto: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.

**AF2014-127**

<b>PART A</b>	<b>MONTHLY GAMING MACHINE TAX RETURN</b>
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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								
<b>Sub-total</b>								
<b>Less</b> (Forfeited unclaimed linked jackpots for the corresponding month in previous year – from page 3)								
							<b>Total Gross Revenue</b>	

Tax Payable	
<b>Total Tax Liability @25.9%</b> (Before adjustments)	\$
Adjustments (As per statements received from Commission)	\$
<b>Total Tax Payable</b> BSB: 032-777 Account Number: 002220	\$

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

<b>PART B</b>	<b>UNCLAIMED PRIZES</b>
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Details of Licensee			
Name of Licensee		Licence No.	
Trading Name		Month	

Unclaimed Unmetered Linked jackpots			
<i>(s 143 Gaming Machine Act 2004)</i>			
Date Jackpot Won	Machine Serial Number	Link Type / Number	Amount Unclaimed \$
<b>Total Amount Payable</b> BSB: 032-777 account Number: 001914			\$

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

<b>PART C</b>	<b>PROBLEM GAMBLING ASSISTANCE FUND LEVY</b>
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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)	\$
<b>Total Levy Payable</b> BSB: 032-777 Account Number: 001922	\$

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

<b>PART D</b>	<b>DECLARATION</b>
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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) \_\_\_\_\_