



WESTERN AUSTRALIAN RACE FIELDS
ANNUAL RETURN FORM
Regulation 110 of the Betting Control Regulations 1978

I, _____ (name)
holding the position of _____ (position)
at _____ (name of wagering organisation)
declare that all the information provided in this document, and any supporting documentation, is true and accurate and understand that the provision of false and misleading information may constitute a breach of the *Betting Control Act 1954*.

_____ (Signature) _____ (Date)

Month	Total Racing Bets Turnover	Total Gross Revenue	Total Levy Paid (excluding GST)
August	\$	\$	\$
September	\$	\$	\$
October	\$	\$	\$
November	\$	\$	\$
December	\$	\$	\$
January	\$	\$	\$
February	\$	\$	\$
March	\$	\$	\$
April	\$	\$	\$
May	\$	\$	\$
June	\$	\$	\$
July	\$	\$	\$
TOTAL	\$	\$	\$

NB: Please enter a value for each month - if you did not field in a particular month please enter 'nil'

Independent Auditor* to Complete

I, _____ (name)
holding the position of _____ (position)
at _____ (name of independent organisation)
declare that all the information provided in this document, and any supporting documentation, is true and accurate and understand that the provision of false and misleading information may constitute a breach of the *Betting Control Act 1954*.

_____ (Signature) _____ (Date)

* An individual qualified to conduct an examination of the records to form an opinion about the authenticity and correctness of such records ie. a person who is independent to the wagering operations such as an accountant.