

# Claim Form for GST Reimbursement (Gambling)

1. Claim for the month/period:

Month/Quarter Year

2. Australian Business Number:

3. Name of claimant:

4. Address of claimant:

Postcode

<b>5. Amount of claim:</b>	Gross gambling margin for period (do not show cents)	\$	
	plus/(minus) margin adjustments from previous period(s)	\$	
	<b>Total gross gambling margin (do not show cents) (A)</b>	<b>\$</b>	
	GST payable on total gross gambling margin ( $\frac{1}{11}$ of A)	\$	-
	Amount of GST rebate underpaid/(overpaid) in previous period	\$	-
	<b>Total GST rebate claimed</b>	<b>\$</b>	-

Have your bank details changed? No  Yes  If **yes** please provide new bank details below:

BANK NAME:  BRANCH NAME:

BSB No:  ACCOUNT No:

6. **DECLARATION:** I, \_\_\_\_\_ certify that:  
Authorised Officer of Claimant

( If a club -President or Secretary, otherwise - Chief Executive or Principal Accounting Officer)

- (a) the claim I am making for GST reimbursement is complete, true and correct;
- (b) the claim I am making is honestly based on my GST obligations;
- (c) I have all the necessary records to provide information to substantiate my claim;
- (d) I will provide information to substantiate my claim, when requested, at any time by the relevant authorities; and
- (e) The GST to which this claim relates has been or will be paid to the ATO in accordance with ATO requirements.

\_\_\_\_\_  
 Signature of Claimant/Authorised Officer of Claimant

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ph No: \_\_\_\_\_

Send completed form to: Department of Racing, Gaming and Liquor, PO Box 6119 East Perth 6892

<b>FOR OFFICE</b>	DATE RECEIVED: ____/____/____	AMOUNT PAYABLE: \$
<b>USE ONLY</b>	DATE PAID: ____/____/____	PAYMENT DETAILS: