

Claim Form for GST Reimbursement (Gambling)

1. Claim for the month/period:

Month/Quarter	Year

2. Australian Business Number:

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3. Name of claimant:

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4. Address of claimant:

	Postcode

5. Amount of claim:

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

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 Local Government, Sport and Cultural Industries
PO 8349 Perth Business Centre WA 6849

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