



Claim Form for GST Reimbursement (Gambling)

1. Claim for the period: ("claim period")	<table><tr><td></td><td></td></tr><tr><td>Month/Quarter</td><td>Year</td></tr></table>			Month/Quarter	Year								
Month/Quarter	Year												
2. Australian Business Number:													
3. Name of claimant:													
4. Address of claimant:	<table><tr><td></td><td>Postcode</td></tr></table>		Postcode										
	Postcode												
5. Amount of claim:	<table><tr><td>Gross gambling margin for period inclusive of GST (do not show cents)</td><td>\$</td></tr><tr><td>plus/(minus) margin adjustments from previous period(s)</td><td>\$</td></tr><tr><td>Total gross gambling margin (do not show cents) (A)</td><td>\$</td></tr><tr><td>GST payable on total gross gambling margin (1/11th of A) – including cents</td><td>\$</td></tr><tr><td>Amount of GST rebate underpaid/(overpaid) in previous period</td><td>\$</td></tr><tr><td>Total GST rebate claimed – including cents</td><td>\$</td></tr></table>	Gross gambling margin for period inclusive of GST (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 (1/11th of A) – including cents	\$	Amount of GST rebate underpaid/(overpaid) in previous period	\$	Total GST rebate claimed – including cents	\$
Gross gambling margin for period inclusive of GST (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 (1/11th of A) – including cents	\$												
Amount of GST rebate underpaid/(overpaid) in previous period	\$												
Total GST rebate claimed – including cents	\$												

Have your bank details changed since your last reimbursement claim? No ☐ Yes ☐ If **yes** please provide new bank details below:

Bank: _____ BSB: _____ Account No. _____

PRIVACY NOTICE

The Department of Local Government, Sport and Cultural Industries (DLGSC) collects your information including personal information from this application. We collect and use your information to verify your identity, assess your eligibility and claim for GST reimbursement, and to process and manage your claim and payments. We may also use and disclose it for other audit, verification and tax-related purposes including to other government agencies.

DECLARATION:

I, _____ declare and certify that:

Name of Claimant / Authorised Officer of Claimant*

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

- (a) all information provided in my claim form and any supporting documents/records is complete true and correct;
- (b) the claim I am making for GST reimbursement is honestly based on my GST obligations;
- (c) I have all the necessary records to provide information to substantiate my claim;
- (d) I acknowledge that DLGSC may verify and audit the information submitted in respect of this claim;
- (e) I consent to DLGSC:
 - extracting relevant information from its own records; and
 - disclosing any information submitted with this claim to and obtaining details about me from the Australian Taxation Office (ATO) and RevenueWA relating to the administration of taxation laws;
- (f) I will provide information to substantiate my claim, when requested, at any time, by the relevant authorities;
- (g) the GST to which this claim relates has been paid to the ATO in accordance with ATO requirements;
- (h) the following evidence is provided in support of my claim and is true and correct:
 - ☐ evidence of total sales (field "G1") and GST on sales (field "1A") from the Business Activity Statement for the claim period, or full GST reports lodged with the Australian Tax Office; and
 - ☐ evidence of payment to the ATO of the GST payable for the claim period; and
 - ☐ [for Race Clubs] the Racing and Wagering of Western Australia Race meetings settlement sheet for the claim period.

Signature of Claimant / Authorised Officer of Claimant _____ Date: ____/____/____ Ph No: _____

Send completed form by email to accountspayable@dlgsc.wa.gov.au or by post to:

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

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