CCO180725

What is a prescribed expense?

HOW TO FILL IN AN ANNUAL BINGO RETURN

For example - Bingo Books, Daubers, tea, coffee etc.

Gross Receipts = \$ received from books sold

Total Prizes paid (excluding rolling jackpot prizes)

Amount allocated to rolling jackpot (If applicable)

If no sessions were conducted in any month - write No Bingo Played
If a Bingo notice was not in force for any month write 'No Bingo Notice'

			Amount Allocated		Prescribed		Goods & Services	Balance of Jackpot at end of	Number of	
	Gross Receipts	Amount of Prizes Paid	to Rolling Jackpot		Expenses	Net Proceeds	Tax	month	Sessions	Days Bingo Held in
Month	\$	\$	\$	Gross Proceeds \$	\$	\$	\$	\$	\$	Month
	7	*	7	, , , , , , , , , , , , , , , , , , , ,	-	*	, , , , , , , , , , , , , , , , , , ,	Balance at the end	*	
								of previous month		
e.g	Α	В	X	A - (B + X)= C	D	C - D = E		+ X		
July				E	xample: No Bingo I	Notice				
August				E	xample: No Bingo F	Played				
September						MV.				
October					1					
November					216					
December										
January					71.					
February				CN						
March										
April										
May										
June										
Total										

If you ceased bingo during this financial year complete details from 1 July until date of cessation

If you started bingo during the financial year and the notice was issued after 1 July please complete from start date.

Complete Section A if gross receipts under \$50,000 or

Complete Section B if Gross Receipts is over \$50,000

If the nominee is no longer the authorised nominee for the bingo notice, please forward this letter to the appropriate person currently

Even if bingo was not conducted, you are required to complete a nil bingo return and Section A

Please ensure that all forms are received by the VGCCC by the 1 October. Email to contact@vgccc.vic.gov.au

Victorian Gambling and Casino Control Commission T: 1300 599 759 E: contact@vgccc.vic.gov.au

VGCCC.VIC.GOV.AU





Annual Retur	ns for Bingo Activi	ties								CC
Organisation	Name :									
Bingo Activite	s for financial year	ending 30 June: 20								
Notice Numb	er:				Name of Premises	where bingo sess	ions are conducted	d		
Organisation'	s GST status:									
								Balance of		
			Amount Allocated		Prescribed		Goods & Services	Jackpot at end of		
	Gross Receipts	Amount of Prizes Paid	to Rolling Jackpot	Gross Proceeds	Expenses	Net Proceeds	Tax	month	Number of	Days Bingo Held in
Month	\$	\$	\$	\$	\$	\$	\$	\$	Sessions	Month
luly										
August										
September										
October										
November										
December										
anuary										
ebruary										
March										
April										
1ay										
une										
Total										
le hereby confirm	that the amounts specifie	ed above accurately reflect the results (of the bingo activities condu	icted by the organisations	for the previous twelve m	onths. Gambling Regulat	ions 2015 - Regulation 69			
			-		I					
Name Of Non	ninee/Responsible	Person		Phone/ Email		Name of Preside	nt/Treasurer/Direc	tor/Secretary		Phone/ Email
			<u></u>		-					
Signature of N	Nominee/ Responsi	ble Person		Date	1	Signature of Pres	ident/Treasurer/Di	rector/Secretary		Date
•	•					5		,		
Address Bing	o Conducted at:									
			7							

Address (No, Street, City/town/suburb, Postcode)

Victorian Gambling and Casino Control Commission

Name of Premises

T: 1300 599 759 E: contact@vgccc.vic.gov.au

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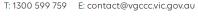


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To be completed by all declared organisations

Account used for bingo	
Account Name	
BSB	
Account Number	
Financial Institution Name	
Is a jackpot offered? (Y/N)	
If Y - please provide:	
Account Name	









BSB

Account Number

Financial Institution Name

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ADDITIONAL QUESTIONS

To be completed by all declared organisations

Are minors allowed on the premises?			
Is there a rolling jackpot?			
Is bingo run at a venue that is not owned or operated by your organisation?			
Does your Organisation have multiple bingo notices? (A separate return is required for each notice)			
If an auditor has signed off on your annual return are they are they and the club?			
Do you pay any external provider/people to run bingo? If Yes,			
Is the cost included in the prescribed expenses? (Y/N)			
Name of provider/person:			
Does your organisation comply with the current standard Rules of Bingo Effective from 11 November 2010? (Y/N) If No:			
Provide date of approval of Rules used?			
Provide copy of approved rules?			
What do you do with unsold tickets (If applicable):			
Are the gross receipts over \$50,000 If Yes, attach a copy of the Auditors Certificate	Attached	Not applicable	

NO

YES





SECTION A	Under \$50,000 Gross Receipts	
	certify that: viewed the running sheets and all bank records for the cor ed return correctly reflects the results of Bingo Activities c	
Name of No	ominee/Responsible Person	
Signature of	f Nominee/ Responsible Person	
SECTION B	Auditors Certificate If Gross Receipts > \$50,000	
I	(Auditor's Name)	
hereby state	e the following:	
	1 I am not a member of the governing body of the holde2 I have been appointed by the governing body with the3 I am (tick following)	
	A Registered company auditor within A member of the Institute of Charter The manager of a branch of a financi	ed Accour
	4 I have audited the running sheets and all bank records	
	and certify that the details correctly reflect the results	s of bingo a
Signature of	f Auditor	[
Contact Em	nail	

Victorian Gambling and Casino Control

