



GAMBLING TURNOVER TAX (GTT) ANNUAL SUMMARY

Revenue Collection Division

For the year ended 31st December 20 __

ACCOUNTABLE PERSON DETAILS

T.I.N.:

Phone:

First Name:

Address:

Middle Name:

Last Name:

Email:

Section A - SCHEDULE OF GAMBLING TURNOVER

Month	Turnover Subject to GTT (\$)	GTT Collected on Turnover (\$)
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total:		

Section B - RECONCILIATION OF GTT PAID FOR THE YEAR

1	Total amount of GTT deducted for the year	\$	
2	Total amount of GTT sent to FRCA for the year	\$	
3	Difference (if any)	\$	

DECLARATION

I, declare that this Annual Summary is true and correct in every detail.

Signature:

Date:

Position:

IT IS A SERIOUS OFFENCE TO MAKE A FALSE STATEMENT TO THE COMMISSIONER