



Republic of The Gambia

POOL BETTING TAX RETURN

(Betting and Gaming Act 1990)

YEAR OF ASSESSMENT.....

FOR THE PERIOD FROMTO.....

TIN
NAME
POSTAL ADDRESS
PHYSICAL ADDRESS
TELEPHONE NUMBER(S)
FAX
EMAIL

DATE	RECEIPT/TICKET NO. #	AMOUNT WON	TAX DEDUCTED	NET AMOUNT
TOTAL				

I certify that the above information is true, correct and complete.

Name: _____ Signature _____

Designation _____ Date: / /

FOR OFFICIAL USE

Name of Officer _____

Signature _____ Date: / /

PLEASE CONTACT THE NEAREST GAMBIA REVENUE AUTHORITY OFFICE IF YOU NEED

ANY ASSISTANCE IN COMPLETING THIS FORM