



Application to Register for Betting Tax

Section 19 of the Betting Tax Assessment Act 2018

| Legal / Registered Entity | | | | | | | |
|---|---------------------------|------|-----|---------|--|--|--|
| ABN: | | ACN: | | | | | |
| Full name (sole trader, partnership or company) | | | | | | | |
| Trustee name (If applying as a trust) | | | | | | | |
| Trading / business name | | | | | | | |
| Postal address | | | | | | | |
| | | | P | ostcode | | | |
| Business address | | | | | | | |
| If same, write 'as above' | | | P | ostcode | | | |
| Address where records are kept (Records must be kept | | | | | | | |
| in Australia) If same, write 'as above' | | | P | ostcode | | | |
| Address of registered office | | | | | | | |
| If same, write 'as above' | Postcode | | | | | | |
| Applicant / Administrator | | | | | | | |
| | Name: | | | | | | |
| Applicant | Phone: | | Mob | ile: | | | |
| (Someone authorised to act for the legal entity) | Email: | | | | | | |
| | Role within legal entity: | | | | | | |
| | Name | | | | | | |
| Revenue Online Administrator | Phone: | | Mob | ile: | | | |
| | Email: | | | | | | |

Important

A person who knowingly provides false or misleading information to the Commissioner of State Revenue may be committing an offence under the *Taxation Administration Act 2003*.

___/ ___ / 20____

___/ ___/ 20____

Liability Start Date

Date commenced betting operations in WA

Date commenced betting operations in Australia

First date of the assessment period where taxable betting revenue ____/ ___/ 20____

For further information on threshold amount and registration requirements, please refer to <u>https://www.wa.gov.au/organisation/department-of-finance/betting-tax</u>

| Estimated Betting Revenue | | | | | | | |
|---------------------------|--|-----------------------|--------------|------------|---------|-----------|--|
| | nt should be an estima ancial period. | ation of the total be | etting reven | ue for the | \$ | | |
| ANZSIC CODE: | | Jurisdiction: | \Box WA | □ Christr | nas Is. | Cocos Is. | |
| | | | | | | | |

Applicant's Declaration

I declare that all particulars in this form are, to the best of my knowledge and belief, true and accurate.

By signing this application form, you are acknowledging that you have read the Terms and Conditions and agree to be bound by them.

Contact RevenueWA

| Submit this application in person or electronically as an attachment to a web enquiry | | | | | | | |
|---|--|---------|--------------------------------|--|--|--|--|
| Web enquiry | www.osr.wa.gov.au/BettingTaxRegistration | Website | WA.gov.au | | | | |
| Office | 200 St Georges Terrace Perth WA 6000 | Phone | (08) 9262 1446 1300 368 364 | | | | |
| Postal | GPO Box T1600 Perth WA 6845 | | (WA country landline callers) | | | | |