Form FBT1

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								
			Postcode					
Business address If same, write 'as above'								
			Postcode					
Address where records are kept (Records must be kept in Australia) If same, write 'as above'								
			Postcode					
Address of registered office If same, write 'as above'								
			Postcode					
Applicant / Administrator								
	Name:							
Applicant (Someone authorised to act for the legal entity)	Phone:	N	Mobile:					
	Email:							
	Role within legal entity:							
Revenue Online Administrator	Name							
	Phone:	N	Mobile:					
	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*.

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Liability St	art Date							
Date comm	ate commenced betting operations in WA					/ 20		
Date commenced betting operations in Australia					1_	/ 20		
First date of the assessment period where taxable betting revenue exceeds threshold amount					eeds/	/ 20		
For further information on threshold amount and registration requirements, please refer to https://www.wa.gov.au/organisation/department-of-finance/betting-tax								
Estimated Betting Revenue								
This amount should be an estimation of the total betting revenue for the current financial period.								
ANZSIC CODE:		Jurisdiction:	□ \	WA □ C	hristmas Is. [☐ Cocos Is.		
Applicant's	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.								
Full name: Date: / /								
Contact RevenueWA								
Submit this application in person or electronically as an attachment to a web enquiry Web www.osr.wa.gov.au/BettingTaxRegistration Website WA.gov.au								
enquiry	Ü		IIION	Website	WA.gov.au			
Office	200 St Georges Terr Perth WA 6000	ace		Phone	(08) 9262 1446	6		
Postal	GPO Box T1600 Perth WA 6845				1300 368 364 (WA country la	ndline callers)		

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