



## 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	
Applicant (Someone authorised to act for the legal entity)	Name:
	Phone: Mobile:
	Email:
	Role within legal entity:
Revenue Online Administrator	Name
	Phone: 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*.

Liability Start Date	
Date commenced betting operations in WA	___ / ___ / 20___
Date commenced betting operations in Australia	___ / ___ / 20___
First date of the assessment period where taxable betting revenue exceeds threshold amount	___ / ___ / 20___

For further information on threshold amount and registration requirements, please refer to [www.wa.gov.au/government/publications/betting-tax](http://www.wa.gov.au/government/publications/betting-tax)

Estimated Betting Revenue	
This amount should be an estimation of the total betting revenue for the current financial period.	\$ _____
ANZSIC CODE: _____	Jurisdiction: <input type="checkbox"/> WA <input type="checkbox"/> Christmas Is. <input type="checkbox"/> 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.

Full name: ..... Signature: ..... Date: ..... / ..... / .....

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