

# FORM QRO—BT1

## Application for betting tax registration

Version 4—1 July 2021

Betting Tax Act 2018 section 44



### About this form

Complete this form to register as a betting operator for the purposes of the *Betting Tax Act 2018*. You can complete this form at [qroonline.treasury.qld.gov.au](http://qroonline.treasury.qld.gov.au).

Betting operators must apply for registration within seven days after the end of the month in which their taxable wagering revenue equals or exceeds the annual threshold amount in a financial year.

The annual threshold amount in Queensland is \$300,000.

**Penalties may apply for late registration applications.**

### Part A—Business details

#### Applicant type

Are you already registered for betting tax in Queensland?

No

Yes  Provide details below.

What is your client number?

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I cannot remember my client number.

#### Applicant details

ABN 

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ACN 

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Individual or organisation  
name

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Trading name

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#### Contact details

##### Street address / Business address

C/o		
Unit/Flat/Building		
Street number		
Street		
Suburb/Town		
Country		
State	Postcode	

##### Postal address Same as street/business address

C/o		
Unit/Flat/Building		
Street number		
Street		
or postal delivery type	PO box, Locked bag	
Suburb/Town		
Country		
State	Postcode	

##### Communication

Business email		
Telephone		
Mobile		

## Part B—Betting operator details

The following questions relate to authorised betting operators, including those who are expressly exempted from the authorisation requirements.

1. Are you currently authorised to provide betting services in Australia? Yes  No

2. In which Australian jurisdiction are you authorised?

3. What is your licence or authorisation number?

4. When did the licence or authorisation issue? 

D	D	M	M	Y	Y	Y	Y
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5. Are you an on-course bookmaker as per section 51 of the Betting Tax Act? Yes  No

6. What type of betting transactions do you offer?

- Totalisator
- Betting exchange
- Fixed odds—racing
- Fixed odds—sport and other
- Another betting product (specify)

## Part C—Taxable wagering revenue

7. When did your taxable wagering revenue equal or exceed the annual threshold amount?

D	D	M	M	Y	Y	Y	Y
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## Part D—Declaration

I confirm that the information submitted is true and correct.

Authorised person's signature

Name

Date

Email

Contact phone

If you need help with your lodgement obligations and responsibilities in Queensland, visit [qro.qld.gov.au/betting-tax](http://qro.qld.gov.au/betting-tax) or call 1300 300 734.

Queensland Revenue Office is collecting the information on this form for the purposes of administering state revenue. This is authorised by the *Betting Tax Act 2018*. Your personal information will not be disclosed without your consent, except in circumstances outlined in the *Taxation Administration Act 2001* or as otherwise authorised by law.

Queensland Revenue Office  
PO Box 15951  
Brisbane Qld 4001

Email: [bettingtax@treasury.qld.gov.au](mailto:bettingtax@treasury.qld.gov.au)

Ph: 1300 300 734

Visit [qro.qld.gov.au](http://qro.qld.gov.au) for information about betting tax and other state taxes.