

Cancellation of Registration – Point of Consumption Tax

Note:

- Print clearly in the boxed spaces and tick appropriate boxes.
- You must provide details to reconcile your net NSW wagering revenue for the financial year to date (page 2).
- Under the *Taxation Administration Act 1996*, it is an offence to give false or misleading information.
- Complete and send to pointofconsumptiontax@revenue.nsw.gov.au

Client ID

Business name

Business name

ABN/ACN

Business address (Your business address cannot be a PO Box or international address)

Care of

Building name

Floor number

Unit number

Suite

Street number

Street name

Suburb/Town

State

Postcode

Electronic notifications

Email address for electronic notifications

Position in organisation

Contact number(s)

Cancellation request

I wish to cancel our registration for point of consumption tax effective from DD/MM/YYYY

What is the reason for your cancellation?

Ceased to be a betting operator

Other

Reconciliation (financial year to date)

What period is this reconciliation for?	<input type="text" value="DD/MM/YYYY"/> to <input type="text" value="DD/MM/YYYY"/>
Tax rate	15%
NSW totalizator bets NSW revenue from totalizator pools	A \$ <input type="text"/>
NSW betting exchange bets All fees/commissions paid to the betting operator	B \$ <input type="text"/>
Other NSW bets <i>(is the sum of 1 + 2-3-4)</i> Total other NSW bets (1) Total fees and commissions (2) Less total winnings (3) Less total refunds (4)	C \$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/>
Unclaimed winnings for NSW bets Amounts entitled to retain for unclaimed NSW winnings	D \$ <input type="text"/>
Other amounts Amounts entitled to be paid in relation to NSW bets	E \$ <input type="text"/>
Net NSW wagering revenue (A + B + C + D + E)	F \$ <input type="text"/>
Threshold entitlement	G \$ <input type="text"/>
Taxable net NSW wagering revenue (F - G)	H \$ <input type="text"/>
Tax payable (H x 15%)	I \$ <input type="text"/>
Less amounts previously paid	J \$ <input type="text"/>
Balance of tax payable (I-J)	K \$ <input type="text"/>

If your reconciliation results in an adjustment of tax, a notice of assessment will be issued.

Declaration

I have submitted all returns required to lodge under Part 4, Division 4 of the *Betting Tax Act 2001*.

I have paid all point of consumption tax liabilities in relation to the returns referred to above.

I,

Acknowledge that the information provided above is true and correct, and all correspondence will be sent to the contact details for electronic notifications.


Signed

Date DD/MM/YYYY Contact number

Privacy statement


Information collected from you on this form is required by Revenue NSW to determine if you have a liability or entitlement. The information may be provided to third parties with your consent or as required or permitted by law. Revenue NSW will correct or update your personal information at your request. Read more about privacy at www.revenue.nsw.gov.au

Contact details

 1300 139 817* (Monday–Friday, 8.30 am–5.00 pm) *Interstate clients please call (02) 7808 6915

 www.revenue.nsw.gov.au  pointofconsumptiontax@revenue.nsw.gov.au

 Help in community languages is available

 **Postal address**
GPO Box 4042
Sydney NSW 2001

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