

Health Insurance Levy – Registration or Cancellation Form

Note:

- To register for Health Insurance Levy, please complete Section A (pages 1 and 2).
- To cancel your registration, please complete Section B (page 3).
- Under the *Taxation Administration Act 1996*, it is an offence to give false or misleading information. You may also be liable to pay interest and/or penalty tax

Section A – New Registration

Client ID*

*If you are already registered with Revenue NSW for another tax or duty, use your existing client ID.

Client details

Business information

The business is a:

Company/ies	Partnership	Other (please specify)
Business/Partnership name		
Trading name		
ABN/ACN		

Address details

Business address

Care of		
Building name		
Floor number	Unit number	Suite
Street number	Street name	
Suburb/Town	State	Postcode

Postal address (All correspondence will be sent to this address) Same as business address

Care of		
Building name		
Floor number	Unit number	Suite
Street number	Street name	
Suburb/Town	State	Postcode
GPO/PO Box no.	Suburb/Town	Postcode

Address for inspection of records

Same as business address

Care of		
Building name		
Floor number	Unit number	Suite
Street number	Street name	
Suburb/Town	State	Postcode

Contact name

Title	Mr	Ms	Miss	Mrs	First Name
Last name					
Position in organisation					
Daytime phone number ()			Mobile		
Email					

EFT details

These details will be used if a refund is payable.

Account name					
Financial institution			Branch		
BSB number	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration

I declare that all information provided is true and correct in every particular

I,	on DD/MM/YYYY
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Section B – Cancellation

Cancellation of registration, effective from

DD/MM/YYYY

Reason for cancellation of registration? Please specify below

EFT details

These details will be used if a refund is payable.

Account name	
Financial institution	Branch
BSB number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Declaration


I declare that all information provided is true and correct in every particular

I,	on DD/MM/YYYY
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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

 returns@revenue.nsw.gov.au

 Help in community languages is available

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