



Municipal Accommodation Tax Return Form

Legal Name of Provider: _____

Operating Name of Establishment: _____

Business Number: _____

Property Location: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Reporting Period

_____ month/day/year _____ month/day/year

Municipal Accommodation Tax Calculation

A	Accommodation Revenue for the above reporting period (if no revenue was earned, enter "NIL" in Box A)	A	
B	Exemptions (provide explanation in section below)	B	
C	Adjustments (provide explanation in section below)	C	
D	Total Accommodation Revenue Subject to Accommodation Tax A-B-C =	D	
E	Total Amount of Municipal Accommodation Tax Owing D x 5%=	E	
F	Tax Remitted on Your Behalf (provide name of agent or internet booking platform(s) in section below)	F	
G	Total Amount of Municipal Accommodation Tax to be Remitted	G	

Explanation of Exemptions, Adjustments, or Tax Remitted on Your Behalf

Please include reason for the exemption, adjustment, or tax remitted on your behalf and to which reporting period the items pertain to.

Attach additional sheets, as required.

Claimant Declaration

By signing below, I certify that the information provided in this form and any accompanying attachments are true, complete, and accurate.

Name

Position

Authorized Signature

Date

Instructions for Completing Your Municipal Accommodation Tax Return Form

Reporting Period

A Provider shall, on or before the last day of the month following the previous month, remit to the Municipality the amount of the MAT collected for the previous month.

Municipal Accommodation Tax Calculations

In Box "A": Enter the amount of revenue received for the reporting period (if no revenue was earned in the reporting period enter "NIL" in Box "A").

In Box "B": Enter the amount of exemptions claimed in the reporting period.

In Box "C": Enter the amount of adjustments claimed in the reporting period.

In Box "D": Deduct the amounts in Boxes "B" and "C" from Box "A".

In Box "E": Enter the amount obtained by multiplying the amount in Box "D" by 5%. This amount is the Municipal Accommodation Tax owing for the period.

In Box "F": Enter the amount of the Municipal Accommodation Tax which has been collected and remitted by a third-party on your behalf (e.g. Agent or internet booking platform).

In Box "G": Deduct the Municipal Accommodation Tax which has been collected and remitted by a third party found in Box "F" from the Municipal Accommodation Tax owing in Box "E". This is the amount that must be remitted to the City.

Exemptions or Adjustments

Please provide an explanation of the exemption (e.g. accommodation provided for a continuous period of 30 days or greater), adjustment (e.g. refunds) or tax remittances paid by a third-party on your behalf (e.g. agent or internet booking platform) claimed and to which reporting period the exemption, adjustment, or tax remittance pertains to.

Payment and Submission Information

Form and payment must be received by the City by April 1, July 1, October 1 and December 31. Late payment charges will be charged on outstanding balances as prescribed.

By Electronic Funds Transfer

To set up for EFT, please contact 705-672-3363 Ext. 4121 or sleveille@temiskamingshores.ca

Payment Options

Cash, Debit, or Cheque

This form must accompany payments.

For more information, visit us at: www.temiskamingshores.ca

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), R.S.O. 1990, c. M.56, as amended, and will be used for the purposes of administering the Town's Municipal Accommodation Tax Program in accordance with the Municipal Act, S.O. 2001, c.25 as amended. Questions about this collection should be directed to the Director of Corporate Services, szubyck@temiskamingshores.ca or 705-672-3363 ext. 4107.