



Application for Refund (of Accommodation Tax)

Pursuant to the City of Brandon By-law No. 7014

Complete this form to apply for a general refund of the Accommodation Tax. A refund can only be claimed within one year of payment or remittance of the tax.

A claim will not be processed if the required documents or information is not supplied.

For tour operators, the transition period ends on Dec. 31, 2012.

Please complete parts of this form, type, or print clearly, and submit all required documents. Make a copy of this application from Refund and any attachments for your records.

For additional information contact the City of Brandon Treasury office at accommodationtax@brandon.ca

PART A CLAIMANT INFORMATION

Name of Claimant (legal name of individual, corporation, or society)

Mailing Address

Postal Code

Province

Home Phone

Work/Cell Phone (optional)

Fax Number (optional)

E-mail address

(____) _____

(____) _____

(____) _____

PART B REFUND INFORMATION

I am applying for a refund in the amount of \$

Note: a refund can only be paid to the person who actually paid the tax. No refund will be paid to third parties acting on behalf of the claimant. Indicate the amount of accommodation tax you are applying for. Do not include the Federal Goods and Services Tax (GST) or the Provincial Retail Sales Tax (PST) on this application.

Indicate the reason for claiming this refund (refer to next page for required documents to support your claim):

Refund to accommodation operator

Refund to purchaser for medical treatment

Refund to purchaser for other reasons

Refund to tour operator during the transition period (up to December 31, 2012)

Name and Address of Establishment

Date(s) of stay

Accommodation tax paid

PART C MEDICAL TREATMENT INFORMATION

To be completed by Medical Facility of Physician. In lieu of completing Part C, a letter from a the Medical Facility of Physician will be acceptable (see next page).

Name of medical facility or physician

Name of patient receiving treatment or testing

City/Town of patient (principle residence)

Date(s) of treatment or testing

Name of physician / facility representative

Signature of physician / representative

Date

STEP FIVE CLAIMANT DECLARATION

I declare that all information provided on this form is true and correct to the best of my knowledge and belief.

I acknowledge that any false information may result in....

NAME (please print)

POSITION/TITLE

SIGNATURE

DATE SIGNED

DD / MM / YYYY

PART B**REFUND INFORMATION**

In support of your application, you must provide the following:

- Copies of bills of sale, invoices, or receipts showing the names and addresses of the lodging establishments, the date(s) of stay, and the amount of accommodation tax paid.
- A list (if the claim contains more than one invoice or receipt) of all names and addresses of the lodging establishments, the date(s) of stay and the amount of accommodation tax paid.
- Any other documents to support the basis of your application (such as copies of credit invoices, lodging invoices showing the date(s) stayed and accommodation taxes paid)

If you are applying for a refund and you are a family member of a person receiving medical treatment or testing, you must provide a copy of a document that shows you do not reside in Brandon (such as driver's license, Health insurance Card, Utility Bill, Property Tax Bill, or any official document showing your name and address) and indicate your relationship to the individual receiving the medical treatment or testing. To complete your application, Part C of this form must also be completed by the medical facility or physician of the individual who has traveled to Brandon for treatment and whom you are accompanying.

If you are a tour operator applying for a refund during the transition period, you may be eligible for a refund of the accommodation tax paid. To receive your refund, you must complete and submit your application prior to December 31, 2012 and submit the following documentation:

- Copies of the written agreement entered into with a lodging establishment prior to July 1, 2012 showing that the specific lodging accommodation was purchased and copies of the written agreement showing that the accommodation was subsequently resold where the agreement does not require the subsequent purchaser to pay the accommodation tax and in which the purchase price is fixed and cannot be changed to take into account the imposition of the accommodation tax.
- Copies of the invoices or receipts from the lodging establishment showing your company's name, the date(s) of stay and the amount of accommodation tax paid.

PART C**MEDICAL TREATMENT INFORMATION**

A refund of the accommodation Tax paid is available to either the individual receiving medical treatment or testing or to family members who may accompany the individual if the following circumstances apply:

- The individual, or where applicable, the individual's family members(s) do not reside in Brandon and have purchased temporary accommodation in Brandon while the individual is receiving medical treatment or testing at a hospital or seeking specialist medical advice or treatment.

To receive your refund, either have the medical facility or physician complete and sign Part C of this form, or include a copy of a letter from the facility or physician that indicates the date(s) the individual receiving the treatment or testing was in Brandon.

To be eligible for a refund, this form must be received by the City of Brandon no later than one year from the date the accommodation was purchased.

Mail this form and all required documents to:

The City of Brandon
Treasury Department
410 – 9th Street
Brandon, MB
R7A 6A2