



# Accommodation Tax Return | Pursuant to the City of Brandon By-law No. 7014

## STEP ONE ACCOMMODATION ESTABLISHMENT INFORMATION

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

Street No. Street Name Postal Code

Business Phone Alternate Business Phone Fax Number

( ) ( ) ( )  
Name of person completing this form E-mail address of person completing this form

## STEP TWO REPORTING PERIOD (please check only one)

- Quarter 1 (January 1 through March 31)
- Quarter 2 (April 1 through June 30)
- Quarter 3 (July 1 through September 30)
- Quarter 4 (October 1 through December 31)

\* Note: Remittance for any given period is due the 20th of the month following the period YEAR

## STEP THREE ROOM REVENUE SUBJECT TO ACCOMMODATION TAX

No of rooms rented*	<input type="text"/>	A	<input type="text"/>
No. of rooms rented subject to exemption from the accommodation tax**	<input type="text"/>	B	<input type="text"/>
Net rooms rented for the period		C	A - B <input type="text"/>
Accommodation tax per room		D	\$ 3.00
<b>Total accommodation tax due for the period</b>		E	C x D <input type="text"/>

\* "Nil" return: You must file this return even if no tax was collected in the period. \*\* Rooms generally exempt from accommodation tax and/or bad debt write-

## STEP FOUR REMITTANCE

ENTER THE AMOUNT PAID

NOTE: Any unremitted accommodation taxes are subject to a penalty of 5% per month, plus the amount of the unremitted taxes. Additional penalties will be imposed at a rate of 1.25% per month on the first day of each succeeding month.

Please make cheque or money order payable to: City of Brandon  
Treasury Department  
410 — 9th Street  
Brandon, MB R7A 6A2

## 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 individual fines not exceeding \$1,000.00, or if a corporation, to a fine not exceeding \$5,000.00

NAME (please print)	POSITION/TITLE	SIGNATURE	DATE SIGNED
<input type="text"/>	<input type="text"/>	<input type="text"/>	DD / MM / YYYY