

## **ACCOMMODATION TAX RETURN**

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

| STEP 1 | ACCOMMODATION ESTABLISHMENT INFORMATION   |  |                       |                         |            |                          |  |
|--------|---|--|-----------------------|-------------------------|------------|--------------------------|--|
|        |   |  |                       |                         |            |                          |  |
|        | Name of Establishment (legal name of individual, corporation, or society)   |  |                       |                         |            |                          |  |
|        |   |  |                       |                         |            |                          |  |
|        | Street No.  |  | Street Nam            | e                       | Posta      | l Code                   |  |
|        |   |  |                       |                         |            |                          |  |
|        | Business Phone  |  | Alternate B           | usiness Phone           | Fax N      | umber                    |  |
|        |   |  |                       |                         |            |                          |  |
|        | Name of individual completin  | a form   | Email addre           | ess of individual compl | eting form |                          |  |
|        |   |  |                       |                         |            |                          |  |
| STEP 2 | REPORTING PERIOD (pleas   | REPORTING PERIOD (please check only one)                             |                       |                         |            |                          |  |
|        | Quarter 1 (January 1 thro   | gh March 31) Quarter 3 (July 1 through September 30)                 |                       |                         |            |                          |  |
|        | Quarter 2 (April 1 through  |  |                       |                         |            |                          |  |
|        | *Note: Remittance for any given period is due the 20th of the month following the period.   |  |                       |                         |            |                          |  |
|        |   |  |                       |                         |            |                          |  |
| STEP 3 | ROOM REVENUE SUBJECT TO ACCOMMODATION TAX   |  |                       |                         |            |                          |  |
|        | Number of rooms rented*   |  |                       |                         |            |                          |  |
|        | Total room revenue (before tax  | )  | В                     |                         |            |                          |  |
|        |   | ι<br>Γ   | 6                     |                         |            |                          |  |
|        | Room revenue not subject to ta  |  | С                     |                         |            | B - C = D                |  |
|        | Room Revenue Subject to the   | Гах  |                       |                         | D          |                          |  |
|        | -   | ou must file this return even if no tax was collected in the period. |                       |                         |            |                          |  |
|        |   |  |                       |                         |            |                          |  |
| STEP 4 | TAX COLLECTABLE ON SALES  |  |                       |                         |            |                          |  |
|        | D x 5% = E  |  |                       |                         |            |                          |  |
|        | Enter 5% of the amount reported in Box D (Room Revenue Subject to the Tax)  |  |                       |                         |            |                          |  |
|        |   |  |                       |                         |            |                          |  |
| STEP 5 |   |  |                       |                         |            |                          |  |
|        | 2023 Only - One time set up credit of up to \$250.00  |  |                       |                         |            |                          |  |
|        | E-F=G   |  |                       |                         |            |                          |  |
|        | ENTER AMOUNT PAID G   |  |                       |                         |            |                          |  |
|        | NOTE: Any unremitted accommodation taxes are subject to a penalty of 5% per month, plus the amount of unremitted taxes.<br>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<br>Finance Department   |  |                       |                         |            |                          |  |
|        |   |  | 410 - 9th<br>Brandon, | Street<br>MB R7A 6A2    |            |                          |  |
|        |   |  |                       |                         |            |                          |  |
| STEP 6 | 5 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 (MM/DD/YYYY) |  |
|        | (VALUE (Please Plill)   |  |                       | JUNATORE                |            |                          |  |