

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

Name of Establishment (legal name of individual, corporation, or society)  Street No. Street Name Postal Code  Business Phone Alternate Business Phone Fax Number  (	STEP ONE ACCO	MMODATION ESTABLISH	IMENT INFORMATIO	N		
Business Phone	Name of Establishment (legal r	name of individual, corporati	ion, or society)			
Name of person completing this form    STEP TWO   REPORTING PERIOD (please check only one)	Street No.	Street Name			Postal Code	}
Quarter 1 (January 1 through March 31)	Business Phone	Alternate Busines	Alternate Business Phone Fa		Fax Numbe	r
Quarter 1 (January 1 through March 31)	Name of person completing this	s form	-mail address of pers	on comple	_()_ eting this for	m
Quarter 2 (April 1 through June 30)   Quarter 4 (October 1 through December 31)    * Note: Remittance for any given period is due the 20th of the month following the period	STEP TWO REPO	RTING PERIOD (please ch	neck only one)			
No. of rooms rented* No. of rooms rented subject to exemption from the accommodation tax** Net rooms rented subject to exemption from the accommodation tax** Net rooms rented for the period  Accommodation tax per room  Total accommodation tax due for the period  **NNI" 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		-	_			
No of rooms rented * No. of rooms rented subject to exemption from the accommodation tax** Net  No. of rooms rented subject to exemption from the accommodation tax** Net  B  C  A - B  D  \$ 3.00  Total accommodation tax per room  Total accommodation tax due for the period  **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	* Note: Remittance for any given period	d is due the 20th of the month follo	wing the period			YEAR
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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	•					s.
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	I acknowledge that any false in			•	•	
	NAME (please print)	POSITION/TITLE	SIGNATURE			