

Schedule B

# Municipal Accommodation Tax Return

Adopted Pursuant to By-Law #74-2018

**Municipal Accommodation Tax**

500 Donald Street East  
 P.O. Box 800  
 Thunder Bay (ON) P7C 5K4  
 Tel: 807-625-2555



Form instructions on page two.

**Accommodation Establishment Information**

Legal Name of Provider	Operating Name of Establishment	Business Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Property Location	Contact Name	
<input type="text"/>	<input type="text"/>	
Contact Email Address	Contact Phone Number	
<input type="text"/>	<input type="text"/>	

**Reporting Period**

Reporting Period				To		
Month	Day	Year		Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

**Municipal Accommodation Tax Calculation**

Accommodation Revenue for the above reporting period (if no revenue was earned, enter "NIL" in Box A)	<b>A</b>	<input type="text"/>
Exemptions (Provide explanation in section below)	<b>B</b>	<input type="text"/>
Adjustments (Provide explanation in section below)	<b>C</b>	<input type="text"/>
Total Accommodation Revenue Subject to Accommodation Tax	<b>A - B - C =</b>	<input type="text"/>
<b>Total Amount of Municipal Accommodation Tax Owning</b>	<b>D x 4% =</b>	<input type="text"/>
Tax Remitted on Your Behalf (Provide name of agent or internet booking platform(s) in section below)	<b>F</b>	<input type="text"/>
<b>Total Amount of Municipal Accommodation Tax To Be Remitted</b>	<b>E - F =</b>	<input type="text"/>

**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 affixing my signature below, I certify that the information I provided on this form and any attachments are true, complete and accurate

Signature

Name:

Title:

Date:

## Instructions for Completing Your Municipal Accommodation Tax Return Form

### Reporting Period

Providers who collect and remit the Harmonized Sales Tax (HST) to Canada Revenue Agency monthly shall remit the amount of the Municipal Accommodation Tax that is collected and becomes collectible on a monthly basis. The Provider shall remit the amount collectible for the previous month on or before the last day of every month, and shall submit the Municipal Accommodation Tax Return Form (Schedule B) to the City at that time.

Providers who collect and remit Harmonized Sales Tax (HST) to Canada Revenue Agency quarterly, annually, or who are not registered to collect remit HST to Canada Revenue Agency, shall remit the amount of the Municipal Accommodation Tax that is collected and becomes collectible on a quarterly basis. The Provider shall remit the amount for the previous quarter on or before the last day of the month following the end of the quarter and shall submit the Municipal Accommodation Tax Return Form (Schedule B) to the City at that time.

### Municipal Accommodation Tax Calculation

- 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 Box "B" and "C" from Box "A".
- In Box "E": Enter the amount obtained by multiplying the amount in Box "D" by 4%, 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.

Form and payment must be received by the City by the last day of the month for the previous month's reporting period. Late payment charges will be charged on outstanding balances as prescribed.

**By Electronic Funds Transfer:** To get set up for EFT, please contact us at 807-625-2555.

#### By Mail

City of Thunder Bay  
Attn: Cashiers-Municipal Accommodation Tax  
Victoriaville Civic Centre  
111 Syndicate Avenue S  
Thunder Bay Ontario P7E 6S4

Account Number: 411350  
(for internal purposes only)

Cost Centre: 21019  
(for internal purposes only)

**For more information, visit us at: [www.thunderbay.ca/MAT](http://www.thunderbay.ca/MAT)**