



# 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 3 (July 1 through September 30)
- 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

YEAR

## STEP THREE ROOM REVENUE SUBJECT TO ACCOMMODATION TAX

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

\* "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 DD / MM / YYYY
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