

## **ACCOMMODATION TAX RETURN**

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

STEP 1	ACCOMMODATION ESTABLIS	HMENT INFORMA	TION	
	Name of Establishment (legal name of individual, corporation, or society)			
	Street No.	Stree	et Name	Postal Code
	Business Phone	Alter	nate Business Phone	Fax Number
	Name of individual completing fo	rm Emai	l address of individual co	mpleting form
STEP 2	REPORTING PERIOD (please check only one)			
	Quarter 1 (January 1 through Quarter 2 (April 1 through Jur *Note: Remittance for any given per	ne 30)	Quarter 4 (October	rough September 30) 1 through December 31) d.
STEP 3	ROOM REVENUE SUBJECT TO ACCOMMODATION TAX			
	Number of rooms rented*	А		
	Total room revenue (before tax)	В		
	Room revenue not subject to tax	С		
	Room Revenue Subject to the Tax  * "Nil" return: You must file this return		acted in the period	B - C = D  D
	Nii Teturii. Tou must me triis returi	reventi no tax was cone	ected in the period.	
STEP 4	TAX COLLECTABLE ON SALES  D x 5% = E			
	Enter 5% of the amount reported in	n Box D (Room Reven	ue Subject to the Tax)	E
STEP 5	REMITTANCE AMOUNT			
	<b>2023 Only</b> - One time set up credit	of up to \$250.00		F
			ENTER AMOUNT	E-F=G PAID G
	NOTE: Any unremitted accommodation taxes are subject to a penalty of 5% per month, plus the amount of 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  Finance Department  410 - 9th Street  Brandon, MB R7A 6A2			
STEP 6	CLAIMANT DECLARATION			
SIEF 0	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) PC	OSITION/TITLE	SIGNATURE	DATE SIGNED (MM/DD/YYYY)