



THE CITY OF WINNIPEG
ASSESSMENT AND TAXATION DEPARTMENT
SERVICE DE L'ÉVALUATION ET DES TAXES

May 28, 2020

Re: Request for Income/Expense Information

Roll Number:

Property Address:

Property Group:

The City of Winnipeg Assessment and Taxation Department is collecting information for the purpose of preparing the next General Assessment in accordance with Section 9(1) of *The Municipal Assessment Act*.

In order to make property assessments reflective of market value, it is necessary for us to obtain details of recent property sales and, for all income-producing properties, accurate operating income and expense information. We have included a 'Hotel Guide' to assist you in completing the forms.

We, therefore, request that you complete the enclosed questionnaires and return them to our office on or before **June 18, 2020. Please note that a separate questionnaire is required for each roll number. Submitting one mailer covering multiple roll numbers is no longer acceptable.**

Failure to comply with this request will result in the imposition of penalties as outlined in The Municipal Assessment Act and detailed in the attached Instructions for Completing Questionnaires.

A copy of your Audited Income and Expense Statements for the 12-month period culminating in your most recent year-end is to be included with your questionnaires. If Audited Income and Expense Statements are not available, then please submit a copy of your Non-Audited Statements.

Please note that the questionnaires and documents included in this package are also available in French by contacting us at the 311 Customer Contact Centre by phone at 3-1-1 (toll free 1-877-311-4974) or by email at 311@winnipeg.ca. Included in this package are:

- Instructions for Completing Hotel/Motel Questionnaires and Legislative Authority
- Hotel/Motel Questionnaire; Form: 529-7
- Schedule A: 529-8

We are confident that your cooperation will result in an accurate and fair assessment. If you have any questions, please call the 311 Customer Contact Centre by phone at 3-1-1 (toll free 1-877-311-4974) or by email at 311@winnipeg.ca

Yours truly,

Kelly Shields
City Assessor/Director

Embrace the Spirit • Vivez l'esprit



INSTRUCTIONS FOR COMPLETING HOTEL/MOTEL QUESTIONNAIRES

GENERAL INSTRUCTIONS

The forms contained in this package indicate a "DUE DATE" of June 18, 2020.
 The information requested is for the 12-month period culminating in your most recent year-end. This should include data from 2019 and 2020 if applicable.
 Please include a copy of your Audited Income and Expense Statements for the 12-month period culminating in your most recent year-end. If Audited Income and Expense Statements are not available then please submit a copy of your Non-Audited Income and Expense Statements.
PLEASE COMPLETE THE "CERTIFICATION" SECTION ON ALL APPLICABLE FORMS. IF WE REQUIRE CLARIFICATION OR ADDITIONAL INFORMATION, IT IS IMPORTANT FOR US TO HAVE A CONTACT PERSON IDENTIFIED.

HOTEL/MOTEL QUESTIONNAIRE (FORM: 529-7) /SCHEDULE A (FORM 529-8)

PLEASE NOTE THAT THIS FORM IS TO BE COMPLETED IN CONJUNCTION WITH SCHEDULE A

Enter the information as of your year-end. If the property was purchased in 2019 or 2020, include the income and expense information that was supplied by the vendor. A brief description of what is required in each section appears below.

Property Identification

Please verify that the information shown is correct.

Property Characteristics

Please check off the features/amenities that apply to this specific property.
 The number of indoor/outdoor parking spaces, if applicable, is to be entered at the bottom of this section.

Summary Income Information

Total number of rooms available refers to rooms that are available for overnight accommodation only.

In Room Summary, "Theme Rooms" are to be included with the category shown for Suites.

$$\text{Overall Occupancy Rate} = \frac{\text{Total Number of Occupied Room Nights per Year}}{\text{Total Number of Rooms Available per Year}} \times 100\%$$

$$\text{Average Daily Room Rate} = \frac{\text{Total Annual Room Revenue}}{\text{Total Number of occupied Room Nights}}$$

Income and Expense Information

The Assessment and Taxation Department has adopted the standards set forth by; the "Uniform System of Accounts for the Lodging Industry – 9th Revised Edition". Under this system, only direct operating expenses are charged to operating departments of the hotel. General overhead items such as administration, marketing and maintenance, which are applicable to the operations as a whole, are classified as Undistributed Operating Expenses. The following list is extracted from the "Uniform Systems of Accounts for the Lodging Industry – 9th Revised Edition":

Operated Departments

- Rooms
- Food
- Beverage
- Banquet/Meeting Rooms
- Telephone
- Garage, Parking Lot
- Health/Fitness/Spa Club
- Vendor Sales
- Other Operated Departments
- Rentals and Other Income

Undistributed Operating Expenses

Administration & General Expense

- Manager's Office
- * Front Office
- * Data Processing
- * Night Office
- * Accounting/Credit Office
- * Receiving Clerks

Human Resources

- * Employment Office

Marketing

- * Sales Department
- * Advertising
- * Merchandising
- * Public
- Relations/Publicity
- * Research

Other

- * Transportation
- * Energy Costs

Repair and Maintenance

- * Chief Engineer
- * Maintenance Staff
- * Grounds Keeping Staff
- * Office/Storerooms

PROPERTY SALE QUESTIONNAIRE (FORM: 529-9)

This form is to be completed for all properties that sold in 2019 or 2020. The Sale Date shown is the date the Transfer of Land was registered at the Winnipeg Land Titles Office.

Please verify the information in Section A - "Property Identification" and note any discrepancies.

The Property Use Code is the most recent use of the property and may not be your intended use.
 The Section C - "Property Characteristics" deals with any intended change in use of the property.

LEGISLATIVE AUTHORITY

Each form contains references to the following sections of *The Municipal Assessment Act*:
This version is current as of January 17, 2020.

Assessor may request information

16(1) An assessor may request that a person, including a Crown agency or Crown corporation, who owns, uses or occupies assessable property, provide to the assessor information or documentation that relates or might relate to, or that affects or might affect, the value of the property being assessed or that is or might be relevant to assessment of the property which, without limiting the generality of the foregoing, may include information for each year since the previous general assessment respecting

- (a) any sale of the property
- (b) the cost of any construction on the property; and
- (c) any income or expense related to the use or operation of the property

21 days to provide information and declaration

16(2) Where a person, including a Crown agency or Crown corporation, receives a written request from an assessor under subsection (1), the person shall, within 21 days of receiving the request, provide information or documentation to the extent that information or documentation to which the request relates is in the possession or control of the person and shall provide, in the form of a signed statement, a declaration of the person affirming that the information or documentation provided by the person is complete, true and accurate.

Burden of proof for non-cooperation

53(3) Where an applicant fails or refuses

- (a) to give an assessor a reasonable opportunity to inspect the property; or
- (b) to comply with a request for information and documentation under section 16;

a board shall, at the hearing of the application, place the burden of proof on the applicant on all matters at issue.

Effect of providing inconsistent information

54(3.1) Where, in response to a request for information or documentation under clause 16(1)(c), a person provided information that was substantially at variance with information that he or she presented at a hearing, the presiding officer of the board or panel may order that the information presented by the person at the hearing is not to be considered by the board or panel in making its decision.

Effect of providing no information

54(3.2) Where a person failed to comply with a request for information or documentation under clause 16(1)(c), the board or panel shall specify in its order that any reduction in the assessed value of the person's property is not to take effect until the year following the year to which the application relates.

Burden of proof for non-cooperation

59(6) Where a property owner fails or refuses

- (a) to give an assessor a reasonable opportunity to inspect the property; or
- (b) to comply with a request for information and documentation under section 16;

the Municipal Board, on an appeal under subsection 56(2), shall, at the hearing of the appeal, place the burden of proof on the property owner on all matters at issue.

Effect of providing inconsistent information

60(2.1) Where, in response to a request for information or documentation under clause 16(1)(c), a person provided information or documentation that was substantially at variance with information that he or she presented at the hearing of an appeal by The Municipal Board, the person chairing the hearing may, whether or not an order was made under subsection 54(3.1) in respect of the matter, order that the information or documentation presented at the hearing is not to be considered by The Municipal Board in making its decision.

Effect of providing no information

60(2.2) Where a person failed to comply with a request for information or documentation under clause 16(1)(c), the Municipal Board shall specify in its order that any reduction in the assessed value of the person's property is not to take effect until the year following the year to which the application relates.

Offence and penalty

64 Where a person refuses or fails to supply information or documentation as required of the person under this Act or the regulations, the person commits an offence and is liable to a fine not exceeding \$25. for each day that the person continues to refuse or fail to supply the information or documentation.



HOTEL/MOTEL QUESTIONNAIRE FORM: 529-7	12 MONTHS ENDING (mm/dd/yyyy) _____	DUE DATE: June 18, 2020
--	---	--------------------------------

PROPERTY IDENTIFICATION	
Roll Number: _____	Property Group: _____
Property Address: _____	Property Use Code: _____
Property Owner: _____	

PROPERTY CHARACTERISTICS	SUMMARY INCOME INFORMATION										
<p>Type of Accommodation</p> <p><input type="checkbox"/> Hotel <input type="checkbox"/> Motel</p> <p><input type="checkbox"/> Suite/Apartment Hotel <input type="checkbox"/> Beverage Hotel</p> <p>Facilities Provided</p> <p><input type="checkbox"/> Dining Room <input type="checkbox"/> Meeting Room(s)</p> <p><input type="checkbox"/> Coffee Shop <input type="checkbox"/> Lounge</p> <p><input type="checkbox"/> Gift Shop <input type="checkbox"/> Bar</p> <p><input type="checkbox"/> Banquet Room (s) <input type="checkbox"/> Cabaret</p> <p>Recreational Facilities</p> <p><input type="checkbox"/> Pool <input type="checkbox"/> Games Room</p> <p><input type="checkbox"/> Waterslide <input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Fitness Area _____</p> <p>Room Amenities</p> <p><input type="checkbox"/> TV <input type="checkbox"/> Bar Fridge</p> <p><input type="checkbox"/> Modem/Data Lines/Wireless Internet <input type="checkbox"/> Mini-Bar</p> <p><input type="checkbox"/> In-Room Pay for TV Movies <input type="checkbox"/> Room Service Available</p> <p><input type="checkbox"/> Jacuzzi Tub <input type="checkbox"/> Laundry Service Available</p> <p><input type="checkbox"/> Kitchenette <input type="checkbox"/> Safety Deposit Box Available</p> <p><input type="checkbox"/> Coffee Maker <input type="checkbox"/> Fax Service Available</p> <p><input type="checkbox"/> Iron/Ironing Board <input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Hair Dryer _____</p> <p>Charges Included in Room Rates</p> <p>Telephone <input type="checkbox"/> Included <input type="checkbox"/> Not Included</p> <p>Parking <input type="checkbox"/> Included <input type="checkbox"/> Not Included</p> <p>Number of Indoor Parking Spaces _____</p> <p>Number of Outdoor Parking Spaces _____</p> <p>Canada Select Star Rating (if applicable): _____</p>	<p>Rooms</p> <p>Total Number of Rooms Available _____</p> <p>Room Summary</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Room Type</th> <th style="width:10%;">Single</th> <th style="width:10%;">Double</th> <th style="width:10%;">King Size</th> <th style="width:10%;">Suites</th> </tr> </thead> <tbody> <tr> <td>Number of Each</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Overall Occupancy Rate _____%</p> <p>Total Number of Occupied Room Nights _____</p> <p>Average Daily Room Rate \$ _____</p> <p>VLT Summary (if applicable)</p> <p>Total Number of VLT's _____</p> <p>ATM Summary (if applicable)</p> <p>Total Number of ATM's (owned) _____</p> <p style="margin-left: 100px;">Acquisition Cost \$ _____</p> <p>Total Number of ATM's (leased) _____</p> <p style="margin-left: 100px;">Leasing Cost per ATM \$ _____</p> <p style="margin-left: 100px;">Lease Term _____ to _____</p> <p>Operating Expenses \$ _____</p> <p>Servicing Fees \$ _____</p> <p>Total Number of ATM transactions (annual) _____</p> <p>Annual Parking Revenue (if applicable)</p> <p>Indoor Parking \$ _____</p>	Room Type	Single	Double	King Size	Suites	Number of Each	_____	_____	_____	_____
Room Type	Single	Double	King Size	Suites							
Number of Each	_____	_____	_____	_____							



The City of Winnipeg ASSESSMENT AND TAXATION DEPARTMENT

SCHEDULE A FORM: 529-8

12 MONTHS ENDING (mm/dd/yyyy)

DUE DATE: June 18, 2020

PROPERTY IDENTIFICATION

Roll Number: Property Group:
Property Address: Property Use Code:
Property Owner:

SUPPLEMENTARY DEPARTMENTAL EXPENSE INFORMATION

Rooms Expenses

Employee Wages \$
Employee Benefits \$
Supplies \$
Other (please specify) \$
*Rooms Expenses Total \$

* Transfer this amount to Line 713 on FORM:529-7

Food Expenses

Cost of Sales \$
Employee Wages \$
Employee Benefits \$
Entertainment \$
Supplies \$
Other \$
Other (please specify) \$
*Food Expenses Total \$

* Transfer this amount to Line 714 on FORM:529-7

Beverage Expenses

Cost of Sales \$
Employee Wages \$
Employee Benefits \$
Entertainment \$
Supplies \$
Other \$
Other (please specify) \$
*Beverage Expenses Total \$

*Transfer this amount to Line 715 on FORM:529-7

Banquet/Mtg. Rooms Expenses

Cost of Sales \$
Employee Wages \$
Employee Benefits \$
Entertainment \$
Supplies \$
Other \$
Other (please specify) \$

* Transfer this amount to Line 716 on FORM:529-7

Vendor Expenses

Cost of Sales \$
Employee Wages \$
Employee Benefits \$
Supplies \$
*Vendor Expenses Total \$

* Transfer this amount to Line 717 on FORM:529-7

