Winnipeg

CITY OF WINNIPEG
Assessment and Taxation Department
c/o 510 Main Street
Winnipeg, MB R3B 3M2

ACCOMMODATION TAX RETURN

pursuant to By-law No. 70/2008

STEP 1

ACCOMMODATION ESTABLISHMENT INFORMATION

NAME OF ESTABLISHMENT - legal name of individual, corporation or society

Roll No.

STREET NO | STREET NAME | POSTAL CODE

BUSINESS PHONE NO. ( ) | ALTERNATIVE BUSINESS PHONE NO. ( ) | FAX NO. if secured to receive tax information ( )

STEP 2

REPORTING PERIOD

Enter the period for which this tax return covers _____ (MM/DD/YYYY) TO _____ (MM/DD/YYYY)

STEP 3

ROOM REVENUE SUBJECT TO THE TAX

Enter the Number of Rooms available for rent — **A**

Enter your Total Room Revenue for the Period in Box B — **B**

Enter your Room Revenue NOT subject to the tax in Box C — **C**
(for example - rentals over 30 nights)

Room Revenue Subject to the Tax = **D** (B - C = D)

STEP 4

TAX COLLECTABLE ON SALES

Enter 6% of the amount reported in Box D (Room Revenue Subject to the Tax) — **E** Tax Collectable on Sales

"Nil" Return: You must file this return even if NO tax was collected. You can mail or fax your form to (204) 986-6732

STEP 5

ADJUSTMENTS

Check the applicable box(es) and enter the appropriate amount(s). See "Completing the Accommodation Tax Return" document for instructions on taking adjustments. You must keep documentation supporting each adjustment for audit purposes.

- ☐ Accommodation Tax Refunded to Guests as the stay was Non-Taxable — **F**
- ☐ Other Adjustments from Prior Reporting Period Only (i.e. prior month only) — **G**
- ☐ Bad Debt Write-Off — **H**

Total Adjustments = **I** (F + G + H = I)

STEP 6

TOTAL AMOUNT DUE

Make cheque or money order payable to:

City of Winnipeg

Note: A fee will be charged if your bank does not honour your cheque.

J (E - I = J)

STEP 7

REMITTANCE AMOUNT

ENTER AMOUNT PAID

Make cheque or money order payable to the ***City of Winnipeg***

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 prosecution, a fine of up to $50,000 and/or imprisonment for up to six months.

NAME - Please type or print	ORGANIZATION POSITION/TITLE	SIGNATURE	DATE SIGNED MM	DD	YYYY