

# Schedule B Municipal Accommodation Tax Return

Form instructions on page two.

| Accommodation Establishm  | ent Information                 |            |                      |                  |              |           |              |
|---|---------------------------------|------------|----------------------|------------------|--------------|-----------|--------------|
| Legal Name of Provider  | Operating Name of Establishment |            | Business Number      |                  |              |           |              |
|   |                                 |            |                      |                  |              |           |              |
| Property Location   |                                 |            | Contact Name         |                  |              |           |              |
|   |                                 |            |                      |                  |              |           |              |
| Contact Email Address   |                                 |            | Contact Phone Number |                  |              |           |              |
|   |                                 |            |                      |                  |              |           |              |
| Reporting Period  |                                 |            |                      |                  |              |           |              |
| Month Day   | Year TO                         | Month      | 1                    | Day              | Ye           | ar        |              |
|   |                                 |            |                      |                  |              |           |              |
| Municipal Accommodation   |                                 |            |                      |                  |              |           |              |
| A Accommodation Revenue for the above reporting period (if no revenue was earned, enter "NIL" in Box  |                                 |            |                      |                  | Box A)       | Α         |              |
| B Exemptions (Provide explanation in section below)   |                                 |            |                      |                  |              | В         |              |
| C Adjustments (Provide explanation in section below)  |                                 |            |                      |                  |              | С         |              |
| D Total Accommodation Revenue Subject to Accommodation Tax  |                                 |            |                      |                  | A-B-C=       | D         |              |
| E Total Amount of Municipal Accommodation Tax Owing   |                                 |            |                      |                  | DX4%=        | E         |              |
| <b>F</b> Tax Remitted on Your Behalf (Provide name of agent or internet booking platform(s) in section below)   |                                 |            |                      |                  |              | F         |              |
| G Total Amount of Municipal Accommodation Tax To Be Remitted E-F=   |                                 |            |                      |                  | E-F=         | G         |              |
| Explanation of Exemptions   | Adjustments or Tax              | Remitte    | ed oi                | n Your Bel       | nalf         |           |              |
| 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 attachments are true, complete and acc   |                                 | y that the | inform               | nation I provide | ed on this f | orm and a | าy           |
| attachments are true, complete and acc  | urate.                          |            |                      |                  |              |           |              |
|   |                                 |            |                      |                  |              |           |              |
| Signature, Name, Title  |                                 |            |                      | Dat              |              |           | <del>-</del> |
| The personal information on this form is requested pursuant to By-law No.20-2024 and is collected under the authority of the <i>Municipal Act</i> , S.O. 2001, c. 25. Questions about this collection should be directed to Municipal Accommodation Tax, The Town Of Moosonee, PO Box 727 Moosonee Ontario, POL 1Y0. Telephone: 705-336-2993 or MAT@moosonee.ca |                                 |            |                      |                  |              |           |              |

### Instructions for Completing Your Municipal Accommodation Tax Return Form

### **Reporting Period**

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 Town 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 Town.

# **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.

#### **Payment and Submission Information**

# In Person or by Mail

V[, } Á ÁT [[•[}^^
Attn: Municipal Accommodation Tax
ÚU ÁÓ &Â G , 5 First Street
T [[•[}^^, Ontario P4N 1B3
Hours: 8:30 AM-4:30 PM
Payment Options: Cash, Debit, or Cheque.
This form must accompany payments made by mail or in person.

For more information, visit us at: www.moosonee.ca/mat

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