| City Crest | **Municipal Accommodation Tax Return**Adopted Pursuant to By-Law # |
| --- | --- |

**Accommodation Establishment Information**

|  |  |
| --- | --- |
|  |  |
|  |  |

**Reporting Period**

| Legal Name of Provider |  |
| --- | --- |
| Operating Name of Establishment |  |
| Business Number |  |
| Property Location |  |
| Contact Name |  |
| Contact Email Address |  |
| Contact Phone Number |  |

Month Day Year Month Day Year

 To

**Municipal Accommodation Tax Calculation**

Accommodation Revenue for the above reporting period

A

(If none enter Nil)

Exemptions

B

(Provide explanation in section below)

Adjustments

C

(Provide explanation in section below)

D

Total Accommodation Revenue Subject to Accommodation Tax

(Box A- Box B- Box C=Box D)

E

Total Amount of Municipal Accommodation Tax Owing

(Box D x 4%)

F

Tax Remitted on Your Behalf

(Provide name of agent or booking platform(s) in section below)

Total Amount of Municipal Accommodation Tax to be remitted

G

(Box E-Box F)