



CITY OF WINNIPEG
Assessment and Taxation Department
 4th Floor - 457 Main Street
 Winnipeg, MB R3B 1B5

APPLICATION FOR REFUND

Of the Accommodation Tax

pursuant to By-law No. 70/2008

INSTRUCTIONS:

- Complete this form to apply for a general refund of the Accommodation Tax.
- A refund can only be claimed within one year of payment or remittance of the tax; for a tour operator the transition period ends on December 31, 2008.
- A claim will not be processed if the required documents/information are not supplied.
- **Please complete Parts A, B, C and D, type or print clearly, and submit all required documents.**
- Make a copy of this Application for Refund and any attachments for your records.
- If you require additional information, call our Customer Services Office information line at (204) 986-2161, or contact our Taxation Office at the address above.

| | | | | |
|----------------------------------|---|----------|-----------------------|---|
| P A R T A | CLAIMANT INFORMATION | | | |
| | NAME OF CLAIMANT - legal name of individual, corporation or society | | | |
| | MAILING ADDRESS | | HOME PHONE NO. () | WORK PHONE NO. () |
| | CITY | PROVINCE | POSTAL CODE | FAX NO. if secured to receive tax related information unattended () |

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|----------------------------------|--|--|-----------------|------------------------|
| P A R T B | REFUND INFORMATION | Note: A refund can only be paid to the person who actually paid the tax. No refund will be paid to third parties acting on behalf of the claimant. Indicate the amount of accommodation tax you are applying for. Do not include the Federal Goods and Services Tax (GST) or the Provincial Retail Sales Tax (PST) on this application. | | |
| | I am applying for a refund in the amount of: \$ | | | |
| | Indicate the reason for claiming this refund - See next page for required documents to support your claim | | | |
| | If more space is required, please attach a separate sheet | | | |
| | Check (✓) the box that applies: | Name/Address of Establishment | Date(s) of Stay | Accommodation Tax Paid |
| | <input type="checkbox"/> Refund to accommodation operator | _____ | _____ | _____ |
| | <input type="checkbox"/> Refund to purchaser for medical treatment | _____ | _____ | _____ |
| | <input type="checkbox"/> Refund to purchaser for other reasons | _____ | _____ | _____ |
| | <input type="checkbox"/> Refund to tour operator (transition period) | _____ | _____ | _____ |

| | | | | |
|----------------------------------|--|------------|-------|------------|
| P A R T C | MEDICAL TREATMENT INFORMATION To be completed by Medical Facility or Physician. In lieu of completing Part C, a letter from the medical facility or physician will be acceptable (see next page). | | | |
| | Name of Medical Facility/Physician: | _____ | | |
| | Name of Patient receiving treatment/testing: | _____ | | |
| | City/Town of Patient (principle residence): | _____ | | |
| Date(s) of treatment/testing: | _____ | TO | _____ | |
| | | MM/DD/YYYY | | MM/DD/YYYY |
| | Signature of Facility Representative/Physician: | | | |

| | | | | | |
|----------------------------------|---|-----------------------------|-----------|-------------|---------|
| P A R T D | CLAIMANT DECLARATION | | | | |
| | I declare that all information provided on this form and on the attached documents 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 |

IMPORTANT INFORMATION

Part B - Refund Information

In support of your application, you must provide the following:

- Copies of bills of sale, invoices or receipts showing the names and addresses of the lodging establishments, the date(s) of stay and the amount of accommodation tax paid.
- A list (if the claim contains more than one invoice or receipt) of all names and addresses of the lodging establishments, the date(s) of stay and the amount of accommodation tax paid.
- Any other documents to support the basis of your application (such as copies of credit invoices, lodging invoices showing the date(s) stayed and accommodation taxes paid).

If you are applying for a refund and you are a family member of a person receiving medical treatment or testing, you must provide a copy of a document that shows you do not reside in Winnipeg (such as a driver's license, Health Insurance Card, Utility Bill, Property Tax Bill or any official document showing your name and address) and indicate your relationship to the individual receiving the medical treatment or testing. To complete your application, Part C of this form must also be completed by the medical facility or physician of the individual who has traveled to Winnipeg for treatment and whom you are accompanying.

If you are a tour operator applying for a refund during the transition period, you may be eligible for a refund of the accommodation tax paid. To receive your refund, you must complete and submit your application prior to January 1, 2009 and submit the following documentation:

- Copies of the written agreement entered into with a lodging establishment prior to March 26, 2008 showing that specific lodging accommodation was purchased and copies of the written agreement showing that the accommodation was subsequently resold where the agreement does not require the subsequent purchaser to pay the accommodation tax and in which the purchase price is fixed and cannot be changed to take into account the imposition of the accommodation tax.
- Copies of the invoices or receipts from the lodging establishment showing your company's name, the date(s) of stay and the amount of accommodation tax paid.

Part C - Medical Treatment Information

A refund of the Accommodation Tax paid is available to either the individual receiving medical treatment or testing or to family members who may accompany the individual if the following circumstances apply:

- The individual, or where applicable, the individual's family member(s) do not reside in Winnipeg and have purchased temporary accommodation in Winnipeg while the individual is receiving medical treatment or testing at a hospital or seeking specialist medical advice or treatment;

To receive your refund, either have the medical facility or physician complete and sign Part C of this form, or include a copy of a letter from the facility or physician that indicates the date(s) the individual receiving the treatment or testing was in Winnipeg.

To be eligible for a refund, this form must be received by the City of Winnipeg no later than one year from the date the accommodation was purchased.

Mail this form and all required documents to:

**The City of Winnipeg
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