



ACCOMMODATION TAX RETURN

pursuant to By-law No. 70/2008

STEP 1	ACCOMMODATION ESTABLISHMENT INFORMATION		Roll No.
	NAME OF ESTABLISHMENT - legal name of individual, corporation or society		
	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	
_____	TO _____
MM/DD/YYYY	MM/DD/YYYY

STEP 3	ROOM REVENUE SUBJECT TO THE TAX
Enter the Number of Rooms available for rent	
	A <input style="width:100px; height:20px;" type="text"/>
Enter your Total Room Revenue for the Period in Box B	
	B <input style="width:150px; height:20px;" type="text"/>
Enter your Room Revenue NOT subject to the tax in Box C (for example - rentals over 30 nights)	
	C <input style="width:150px; height:20px;" type="text"/>
Room Revenue Subject to the Tax = D <input style="width:150px; height:20px;" type="text"/>	

STEP 4	TAX COLLECTABLE ON SALES
Enter 5% of the amount reported in Box D (Room Revenue Subject to the Tax)	
	E <input style="width:150px; height:20px;" type="text"/>
"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.	
<input type="checkbox"/> Accommodation Tax Refunded to Guests as the stay was Non-Taxable	F <input style="width:150px; height:20px;" type="text"/>
<input type="checkbox"/> Other Adjustments from Prior Reporting Period Only (i.e. prior month only)	G <input style="width:150px; height:20px;" type="text"/>
<input type="checkbox"/> Bad Debt Write-Off	H <input style="width:150px; height:20px;" type="text"/>
Total Adjustments	= I <input style="width:150px; height:20px;" type="text"/>

STEP 6	TOTAL AMOUNT DUE
<i>Make cheque or money order payable to:</i>	
City of Winnipeg	
Note: A \$25 fee will be charged if your bank does not honour your cheque.	
	E - I = J <input style="width:150px; height:20px;" type="text"/>

STEP 7	REMITTANCE AMOUNT
ENTER AMOUNT PAID	
Make cheque or money order payable to the City of Winnipeg	
<input style="width:150px; height:20px;" type="text"/>	

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