



Schedule B Municipal Accommodation Tax Return



Form instructions on page two.

Accommodation Establishment Information

Legal Name of Provider	Operating Name of Establishment	Business Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Property Location		Contact Name
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Contact Email Address	Contact Phone Number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Reporting Period

Month	Day	Year	TO	Month	Day	Year

Municipal Accommodation Tax Calculation

A Accommodation Revenue for the above reporting period (if no revenue was earned, enter "NIL" in Box A)	A	<input style="width: 95%;" type="text"/>
B Exemptions (Provide explanation in section below)	B	<input style="width: 95%;" type="text"/>
C Adjustments (Provide explanation in section below)	C	<input style="width: 95%;" type="text"/>
D Total Accommodation Revenue Subject to Accommodation Tax	A-B-C=	<input style="width: 95%;" type="text"/>
E Total Amount of Municipal Accommodation Tax Owing	DX4%=	<input style="width: 95%;" type="text"/>
F Tax Remitted on Your Behalf (Provide name of agent or internet booking platform(s) in section below)	F	<input style="width: 95%;" type="text"/>
G Total Amount of Municipal Accommodation Tax To Be Remitted	E-F=	<input style="width: 95%;" type="text"/>

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 my signature below, I certify that the information I provided on this form and any attachments are true, complete and accurate.

Signature, Name, Title _____ Date _____

The personal information on this form is requested pursuant to By-law No. 2019-8306 and is collected under the authority of the *Municipal Act*, S.O. 2001, c. 25. Questions about this collection should be directed to Municipal Accommodation Tax, The Corporation of the City of Timmins, 220 Algonquin Blvd East, Timmins Ontario, P4N 1B3. Telephone: 705-360-2600 ext 3127 or accounting@timmins.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 City 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 City.

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

Form and payment must be received by the City by the last day of the month for the previous month's reporting period. Late payment charges will be charged on outstanding balances as prescribed.

By Electronic Funds Transfer: To get set up for EFT, please contact Elizabeth Reid 705-360-2600 ext 3137 accounting@timmins.ca

In Person or by Mail

City of Timmins
Attn: Municipal Accommodation Tax
220 Algonquin Blvd East
Timmins, 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.

EFT Payments

EFT Payments are also available once you have registered (see above)

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