



Finance Department

Accommodation Tax By-Law No. 4448

Accommodation Tax Return

Form AT02-2011

STEP 1	ACCOMMODATION ESTABLISHMENT INFORMATION NAME OF ESTABLISHMENT – legal name of individual, corporation or society: _____ STREET NO. _____ STREET NAME _____ BOX NO. _____ POSTAL CODE _____ () _____ () _____ () _____ BUSINESS PHONE NO. _____ ALTERNATIVE BUSINESS PHONE NO. _____ FAX NO. _____		
STEP 2	REPORTING PERIOD Enter the period for which this tax return covers _____ to _____ MM / DD / YYYYYY MM / DD / YYYY		
STEP 3	ROOM REVENUE SUBJECT TO THE TAX Enter the number of rooms available for rent A Enter your Total Room Revenue for the Period in Box B B Enter your Room Revenue NOT subject to the tax in Box C C <div style="text-align: right;">B - C = D</div> Room Revenue Subject to the Tax _____ = D		
STEP 4	TAX COLLECTABLE ON SALES Enter 5% of the amount reported in Box D (Room Revenue Subject to the Tax) E		
STEP 5	Nil Return: You must file this return even if NO tax was collected. You can mail or fax your form to (204) 623-5506 ADJUSTMENTS Check the applicable box(es) and enter the appropriate amount(s). 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 type="checkbox"/> Other adjustments from prior reporting period only (i.e. prior quarter only) G <input type="checkbox"/> Bad Debt write-off H <div style="text-align: right;">F + G + H = I</div> Total Adjustments _____ = I		
STEP 6	<input type="checkbox"/> Commission Applicable when funds submitted by the due date of the 20 th of the month following the quarter in which the taxes were payable and for which the quarterly tax return is applicable. Commission J		
STEP 7	TOTAL AMOUNT DUE E - I - J = K Make cheque or money order payable to: _____ K Town of The Pas Note: A fee will be charged if your bank does not honour your cheque		
STEP 8	REMITTANCE AMOUNT ENTER AMOUNT PAID _____ Make cheque or money order payable to the Town of The Pas		

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

ORGANIZATON POSITION / TITLE

SIGNATURE

DATE SIGNED
MM / DD / YYYY

