

## Finance Department Accommodation Tax By-Law No. 4448 Accommodation Tax Return Form AT02-2011

	ACCOMMODATION ESTABLISHMENT INFORMATION NAME OF ESTABLISHMENT – legal name of individual, corporation or society:				
STEP 1	STREET NO. STREET NAME		BOX N	0.	POSTAL CODE
					( )
	BUSINESS PHONE NO. ALTERNATIVE BUSINESS PHONE NO. FAX NO.				
	REPORTING PERIOD				
STEP 2	Enter the period for which this tax return covers	MM	DD / YYYYY	to	MM / DD / YYYY
	ROOM REVENUE SUBJECT TO THE TAX				
STEP 3	Enter the number of rooms available for rent A				
	Enter your Total Room Revenue for the Period in Box B				
	Enter your Room Revenue NOT subject to the tax in	n Box C	DX C C		
				-	B – C = D
	Room Revenue Subject to the Tax		=	D	
	TAX COLLECTABLE ON SALES				
STEP 4	Enter 5% of the amount reported in Box D (Room R	evenue Suk	piect to the Tax)	Е	
	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.				
STEP 5	Accommodation Tax Refunded to guests as				
	the stay was Non-Taxable	-			
	Other adjustments from prior reporting period only (i.e. prior quarter only)				
	□ Bad Debt write-off	Н			
	F+G+H=I				
	Total Adjustments		= 1		
	Commission Applicable when funds submitted by the due date of the Commission				
STEP 6	20 <sup>th</sup> of the month following the quarter in which the taxes were payable and for which the quarterly tax return is				
	applicable.				
STEP 7	TOTAL AMOUNT DUE Make cheque or money order payable to: Town of The Pas			E –	I – J = K
			к		
	Note: A fee will be charged if your bank does not honour your cheque				
	REMITTANCE AMOUNT				
STEP 8	ENTER AMOUNT PAID				
	Make cheque or money order payable to the <b>Town of The Pas</b>				
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					