Finance Department Accommodation Tax By-Law No. 4448

Accommodation Tax Return
Form AT02-2011

|  | ACCOMMODATION ESTABLISHMENT INFORMATION <br> NAME OF ESTABLISHMENT - legal name of individual, corporation or society: |
| :---: | :---: |
| STEP 1 | STREET NO. STREET NAME BOX NO. POSTAL CODE <br> $\left(\frac{)}{( }\right)$ ()$)$   <br> BUSINESS PHONE NO. ALTERNATIVE BUSINESS PHONE NO. FAX NO.  |
| STEP 2 | REPORTING PERIOD <br> Enter the period for which this tax return covers $\qquad$ to |
| STEP 3 | ROOM REVENUE SUBJECT TO THE TAX |
| STEP 4 | taX Collectable on sales <br> Enter 5\% of the amount reported in Box D (Room Revenue Subject to the Tax) |
| 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 <br> Check the applicable box(es) and enter the appropriate amount(s). You must keep documentation supporting each adjustment for audit purposes. 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 <br> H <br> Total Adjustments $\qquad$ $=$ I |
| STEP 6 | $\square$ Commission Applicable when funds submitted by the due date of the <br> $20^{\text {th }}$ of the month following the quarter in which the taxes <br> were payable and for which the quarterly tax return is <br> applicable. |
| STEP 7 | TOTAL AMOUNT DUE $E-I-J=K$ <br> Make cheque or money order payable to: <br> Town of The Pas <br> K <br> Note: A fee will be charged if your bank does not honour your cheque |
| STEP 8 | REMITTANCE AMOUNT <br> ENTER AMOUNT PAID $\square$ <br> Make cheque or money order payable to the Town of The Pas |
| CLAIMAN <br> I declare th any false in NAME - | DCLARATION <br> all information provided on this form is true and correct to the best of my knowledge and belief. I acknowledge that rmation may result in prosecution, a fine of up to $\$ 50,000$ and / or imprisonment for up to six months ease type or print <br> ORGANIZATON POSITION / TITLE <br> SIGNATURE <br> DATE SIGNED <br> MM / DD / YYYY |

