



City of Thompson
Finance Department
 City Hall, 226 Mystery Lake Rd., Thompson, MB R8N1S6

ACCOMMODATION TAX RETURN

AT04-2008

pursuant to By-law No. 1772-2008 as amended

This information will be maintained and is confidential.
 It is for tax collection purposes only

STEP 1	ACCOMMODATION ESTABLISHMENT INFORMATION		
	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	
	Enter your Total Room Revenue for the Period in Box B	B	
	Enter your Room Revenue NOT subject to the tax in Box C (for example - rentals over 60 nights)	C	
	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
	"Nil" Return: You must file this return even if NO tax was collected. You can mail or fax your form to (204) 677-7936		
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 type="checkbox"/> Other Adjustments from Prior Reporting Period Only (i.e. prior month only)	G	
	<input type="checkbox"/> Bad Debt Write-Off	H	
	Total Adjustments	=	I
STEP 6	COMMISSION		
	<input type="checkbox"/> Commission	Applicable when funds submitted by the due date of the 20th of the month following the month in which the taxes were payable and for which the monthly tax return is applicable.	J
STEP 7	TOTAL AMOUNT DUE		
	<i>Make cheque or money order payable to:</i> City of Thompson		K
	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 City of Thompson		

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