

APPLICATION FOR REFUND OF ACCOMODATION TAX -- INSTRUCTIONS:

- Complete this form to apply for a general refund of the Accommodation Tax.
- A refund can only be claimed within one year of payment or remittance of the tax; for a tour operator the transition period ends on June 1, 2009.
- A claim will not be processed if the required documents/information are not supplied.
- **Please complete Parts A, B, C and D, type or print clearly, and submit all required documents.**
- Make a copy of this Application for Refund and any attachments for your records.
- If you require additional information, call the Finance Department: 677.7928

P A R T A	CLAIMANT INFORMATION			
	NAME OF CLAIMANT - legal name of individual, corporation or society			
	MAILING ADDRESS		HOME PHONE NO. ()	WORK PHONE NO. ()
	CITY	PROVINCE	POSTAL CODE	FAX NO. if secured to receive tax related information unattended ()

P A R T B	REFUND INFORMATION		Note: A refund can only be paid to the person who actually paid the tax. No refund will be paid to third parties acting on behalf of the claimant. Indicate the amount of accommodation tax you are applying for. Do not include the Federal Goods and Services Tax (GST) or the Provincial Retail Sales Tax (PST) on this application.	
	I am applying for a refund in the amount \$			
	Indicate the reason for claiming this refund - See next page for required documents to support your claim			
	If more space is required, please attach a separate sheet			
	Check (v) the box that applies:			
	<input type="checkbox"/>	Refund to accommodation operator	Name/Address of Establishment	Date(s) of Stay
<input type="checkbox"/>	Refund to purchaser for medical treatment			
<input type="checkbox"/>	Refund to purchaser for other reasons			
<input type="checkbox"/>	Refund to tour operator (transition period)			

P A R T C	MEDICAL TREATMENT INFORMATION: To be completed by Medical Facility or Physician. In lieu of completing Part C, a letter from the Medical Facility or Physician will be acceptable (see next page).			
	Name of Medical Facility/Physician: _____			
	Name of Patient receiving treatment/testing: _____			
	City/Town of Patient (principle residence): _____			
	Date(s) of treatment/testing: _____		TO	_____
		MM/DD/YYYY		MM/DD/YYYY
	Signature of Facility Representative/Physician: _____			

P A R T D	CLAIMANT DECLARATION			
	I declare that all information provided on this form and on the attached documents 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

Part B - Refund Information

In support of your application, you must provide the following:

- Copies of bills of sale, invoices or receipts showing the names and addresses of the lodging establishments, the date(s) of stay and the amount of accommodation tax paid.
- A list (if the claim contains more than one invoice or receipt) of all names and addresses of the lodging establishments, the date(s) of stay and the amount of accommodation tax paid.
- Any other documents to support the basis of your application (such as copies of credit invoices, lodging invoices showing the date(s) stayed and accommodation taxes paid).

If you are applying for a refund and you are a family member of a person receiving medical treatment or testing, you must provide a copy of a document that shows you do not reside in Thompson (such as a driver's license, Health Insurance Card, Utility Bill, Property Tax Bill or any official document showing your name and address) and indicate your relationship to the individual receiving the medical treatment or testing. To complete your application, Part C of this form must also be completed by the medical facility or physician of the individual who has traveled to Thompson for treatment and whom you are accompanying.

If you are a tour operator applying for a refund during the transition period, you may be eligible for a refund of the accommodation tax paid. To receive your refund, you must complete and submit your application prior to June 1, 2009 and submit the following documentation:

- Copies of the written agreement entered into with a lodging establishment prior to October 1, 2008 showing that specific lodging accommodation was purchased and copies of the written agreement showing that the accommodation was subsequently resold where the agreement does not require the subsequent purchaser to pay the accommodation tax and in which the purchase price is fixed and cannot be changed to take into account the imposition of the accommodation tax.
- Copies of the invoices or receipts from the lodging establishment showing your company's name, the date(s) of stay and the amount of accommodation tax paid.

Part C - Medical Treatment Information

A refund of the Accommodation Tax paid is available to either the individual receiving medical treatment or testing or to family members who may accompany the individual if the following circumstances apply:

- The individual, or where applicable, the individual's family member(s) do not reside in Thompson and have purchased temporary accommodation in Thompson while the individual is receiving medical treatment or testing at a hospital or seeking specialist medical advice or treatment



Finance Department

Application for Accommodation Tax Refund and Information
Form AT03-2008

To receive your refund, either have the medical facility or physician complete and sign Part C of this form, or include a copy of a letter from the facility or physician that indicates the date(s) the individual receiving the treatment or testing was in Thompson.

To be eligible for a refund, this form must be received by the City of Thompson no later than one year from the date the accommodation was purchased

Mail this form and all required documents to:

The City of Thompson
Accommodation Tax
City Hall, 226 Mystery Lake Rd
Thompson, MB R8N 1S6