

**CITY OF BROCKVILLE MUNICIPAL ACCOMODATION TAX  
REMITTANCE FORM**

**Accommodation Provider:**

**For the month of:**

**Completed by:**

**Authorized Signature**

(certifying accuracy and completeness of remittance)

**Date**

<b>A.</b>	<i>Guest Rooms Revenue</i>		
<b>B.</b>	<i>Less Reconciling items</i>		
	Reservations/Contracts made prior to May 1, 2018		
	Other (Please describe below)		
	<i>Total Reconciling items</i>		\$ 0.00
<b>C.</b>	<i>Total Revenue subject to tax</i>		\$ 0.00
<b>D.</b>	<b>Calculated Tax at 4% to be remitted</b>		<b>\$ 0.00</b>

1) All reconciling items must be detailed and are subject to audit. The supporting documentation must be retained by the accomodation provider and should be kept with this form.

2) The amount payable is due monthly, 30 days after the calendar month-end.

3) All cheques must be made payable to:

**The City of Brockville  
Revenue Office  
P.O. Box 5000, 1 King Street West  
Brockville, Ontario K6V 7A5**

4) Both the cheque & form must be submitted.

5) If you would prefer to pay electronically, please contact Lesley White at 613-342-8772 ext. 4439.