

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

Accommodation Provider: _____

For the month of: _____

Completed by: _____

Authorized Signature _____ **Date** _____
(certifying accuracy and completeness of remittance)

A. Guest Rooms Revenue

B. Less Reconciling items

Please describe

Total Reconciling items

C. Total Revenue subject to tax

D. Calculated Tax at 4% to be remitted

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 or quarterly for accomodation providers with revenues of \$65,000, based on the following schedule:

Period	Payment Due
January 1 - March 30	April 30
April 1 - June 30	July 30
July 1 - September 30	October 1
October 1 - December 31	January 30

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**

EFT Notifications sent to: Finance@brockville.com

4) Both the cheque & form must be submitted.

5) If you would prefer to pay electronically, please contact Emily MacKenzie at 613-342-8772 ext. 4418.