

City of Brockville Municipal Accommodation Tax Remittance Form

Accommodation Provider: _____

For the month of: _____

Completed by: _____

Authorized Signature
(certifying accuracy and completeness of remittance)

Date

Remittance Information

A. Number of Guest Rooms Booked: _____

B. Less Reconciling items:

Please describe:

C. Net number of guest rooms booked _____

D. Calculated Tax at \$4.00 per room per night to be remitted: _____

Notes:

- 1) All reconciling items must be detailed and are subject to audit. The supporting documentation must be retained by the accommodation 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 accommodation providers with revenues of \$65,000 based on the following schedule:
 - Period January 1 to March 30, Payment Due: April 30
 - Period April 1 to June 30, Payment Due: July 30
 - Period July 1 to September 30, Payment Due: October 1
 - Period October 1 to December 31, Payment Due: January 30
3. All cheques must be made payable to:

City of Brockville
Revenue Office
PO Box 5000, 1 King Street West
Brockville, Ontario K6V 7A5

Electronic Fund Transfer Notifications should be sent to: finance@brockville.com

Both the cheque and form must be submitted. If you would prefer to pay electronically, please contact Emily MacKenzie at 613-342-8772 extension 4418