

MUNICIPAL ACCOMMODATION TAX (MAT) - REMITTANCE FORM - HOTELIER

SECTION 1 IDENTIFICATION	
Legal Name of Accommodation Provider	
Operating Name of Accommodation Provider	
MAT Identification Number ⁽¹⁾	
Address of Accommodation Provider	
Mailing Address (if different from above)	
Contact Name and Title	
Contact Telephone Number	
Contact Email Address	
SECTION 2 REPORTING PERIOD	
For which period are you filing this return? ⁽²⁾	
From (YYYY/MM/DD)	To (YYYY/MM/DD)
Is this the first period for which you have filed a MAT return?	
Yes _____ No _____	If no, indicate the last period a return was filed: _____
Please indicate preferred reporting frequency: Quarterly _____ Monthly _____	
SECTION 3 FINANCIAL INFORMATION	
Total Accommodation Revenue for the reporting period ⁽³⁾	A
Total Exempt Accommodation Revenue (if any) for the reporting period ⁽⁴⁾	B
Total Accommodation Revenue subject to MAT	A – B = C
Total MAT Payable – current period	C x 4% = D
Adjustments	E
Total MAT Payable	D +/- E
Please provide details on adjustments:	
Total number of room nights available during the reporting period: _____	
Total number of units room nights sold during the reporting period: _____	
SECTION 4 CERTIFICATION	
Name of Authorized Signing Officer	
Signature	
Date	

SECTION 5 HOW TO REMIT

Please remit form & payment to the City of Windsor on or before the due date.

Option #1 – Submit completed form electronically to: mat@citywindsor.ca

(note payment must be forwarded to City of Windsor per the address below)

Option #2 – Mail Completed Form to:

Municipal Accommodation Tax Administrator
The Corporation of the City of Windsor
Office of the Chief Financial Officer & City Treasurer
350 City Hall Square West, Suite 410
Windsor, Ontario N9A 6S1

PLEASE MAKE CHEQUES PAYABLE TO:

The Corporation of the City of Windsor

SECTION 6 NOTES

- (1) To be provided by the City of Windsor after first remittance. To be used on all future remittances.
- (2) Providers should use the self remittance form and instructions to file their MAT return for their reporting period based on the following thresholds:

Annual revenue in excess of \$6M CAD – Monthly (due within 30 days)

Annual revenue under \$6M CAD – Quarterly (due within 30 days)

Quarterly Period	Due Date
January 1 – March 31	April 30
April 1 – June 30	July 30
July 1 – September 30	October 30
October 1 – December 31	January 30

Interest and penalties will apply on any overdue remittance as follows:

- Penalty calculated as 1.25% on the amount of any Municipal Accommodation Tax (MAT) due and owing on the first day of default; and
 - Interest calculated as 1.25% per month on the amount of any MAT due and owing from the first day of each month subsequent to the date of default up to and including the month in which the tax is paid in full.
- (3) Accommodation revenue should be based on the purchase price. Please refer to By-Law 133-2018 for definitions on accommodation purchase price. Please enter nil or 0 if no revenue to report.
 - (4) Please refer to By-Law 133-2018 for listing of allowable exemptions.

SECTION 7 CONTACT INFORMATION

For general information, please call 311

For detailed inquires, please email: mat@citywindsor.ca

FOR OFFICE USE ONLY:

Date Received:

Reference No:

Receipt No: