

MUNICIPAL ACCOMMODATION TAX (MAT) - REMITTANCE FORM - HOTELIER

SECTION 1 – IDENTIFICATION			
Legal Name of Accommodation Provider	<i>1234567 Ontario Inc.</i>		
Operating Name of Accommodation Provider	<i>Sleep Easy Boutique</i>		
MAT Identification Number ⁽¹⁾	<i>19123</i>		
Address of Accommodation Provider	<i>123 Anywhere St. Windsor, ON N1N 1N1</i>		
Mailing Address (if different from above)	<i>789 Anytime Ave. Toronto, ON M1M 1M1</i>		
Contact Name and Title	<i>Peter Smith, Owner</i>		
Contact Telephone Number	<i>519-555-1234</i>		
Contact Email Address	<i>psmith@email.com</i>		
SECTION 2 – REPORTING PERIOD			
For which period are you filing this return? ⁽²⁾			
From (YYYY/MM/DD)	<i>2022/10/01</i>	To (YYYY/MM/DD)	<i>2022/12/31</i>
Is this the first period for which you have filed a MAT return?			
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If no, indicate the last period a return was filed: _____	
Please indicate preferred reporting frequency: Quarterly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/>			
SECTION 3 – FINANCIAL INFORMATION			
Total Accommodation Revenue for the reporting period ⁽³⁾	A	<i>\$8,000.00</i>	
Total Exempt Accommodation Revenue (if any) for the reporting period ⁽⁴⁾	B		
Total Accommodation Revenue subject to MAT	A – B = C	<i>\$8,000.00</i>	
Total MAT Payable – current period	C x 4% = D	<i>\$320.00</i>	
Adjustments	E	<i>\$160.00</i>	
Total MAT Payable	D +/- E	<i>\$160.00</i>	
Please provide details on adjustments:			
<i>Total revenue for quarter was \$8,000. Remitted \$160 through AirBNB. Remainder is self remit portion.</i>			
Total number of room nights available during the reporting period: <u> 90 </u>			
Total number of units room nights sold during the reporting period: <u> 75 </u>			
SECTION 4 - CERTIFICATION			
Name of Authorized Signing Officer	<i>Peter Smith</i>		
Signature	<i>Peter Smith</i>		
Date	<i>January 9th, 2023</i>		

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: