Municipal Accommodation Tax Quarterly Remittance Application



E-MAIL COMPLETED FORM TO mat@greatersudbury.ca

Questions regarding this application can be directed to the MAT administrator at 705-674-4455 extension 2336.

This form is to be completed and submitted for approval by eligible providers only. Please review the MAT Policy and Procedures to determine eligibility.

Accommodation Provider Name		
Customer Number		
Business Name		
Operating As (if different)		
Establishment Address		
Number and Street		
Apt/PO Box, etc		
City, Province		
Postal Code		
Mailing Address		
SAME AS ABOVE? YES	№ П	(if NO, fill in cells below)
Number and Street	_	,
Apt/PO Box, etc		
City, Province		
Postal Code		
Contact information		
Name		
Telephone		
E-mail Address		
Total Number of Rooms	Freq	uency of HST Remittance
	□ N	Nonthly
		Quarterly
-		
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Collenii Average Daliy koom kale	_	nnually
Conem Average Daily Room Raie	_	Innually lot Registered
	_ N	ot Registered
Check the box that applies to your establishmen	_ N	ot Registered
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