Quarterly Municipal Accommodation Tax Remittance Report

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This form can only be used by eligible providers who have been approved for quarterly remittance. Please review the MAT Policy and Procedures to determine eligibility and complete the application.
For the Quarter Ending

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

	(if NO, fill in cells below)

Contact information

SAME AS INFO ON EIS?	YES		NO		(i	f NO, fill in	cells below)	
Name								
Telephone								
E-mail Address								
E-mail invoice?	YES		NO					
Total Number of Rooms Rented fo	or the Qua	rter						
Total Revenue Collected for the C	Quarter							
Less Reservations/ Contracts mac prior to September 1, 2018	le and pai	d						
Less Exemptions								
l acknowledge the exemption amount is with criteria outlined in the by-law and th documents have been retained for verifie	at backup	ce						
Net Revenue Eligible for MAT								
Municipal Accommodation Tax (4%)							
Total Remittance:								
Payment Method (please choose	e one)			D am	*		awn from your ban	k account on the

Notes:
Authorized By
Date

Authorized Person's signature

Position

Personal Information contained on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25 for the purposes of administering payment of accounts owing pursuant to the Municipal Accommodation Tax by-law to the City of Greater Sudbury, Questions about the collection of the information can be directed to the Supervisor of Accounts Receivable at the City of Greater Sudbury, 200 Brady Street, Sudbury, ON, P3A 5P3

E-MAIL COMPLETED FORM TO mat@greatersudbury.ca Questions regarding this form can be directed the MAT administrator at 705-674-4455 ext 2336.

FOR OFFICE USE ONLY: Note to Customer Service Clerk at the City: Please deposit funds to 12055-01 and send a copy to Accounts Receivable.