



By-Law #2018-218

Accommodation Establishment Information:

Establishment Name: _____

Establishment Address: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Contact Number: _____

Contact Name: _____ Email: _____

Short Term Rental: _____

Monthly Reporting Period

_____/_____/_____ to ____/____/_____

Municipal Accommodation Tax Collection

| | | |
|---|--|---|
| | <small>(If no revenue was earned, enter "0")</small> | |
| Total Accommodation Revenue collected for above reporting period: | <input type="text"/> | A |
| Less Exemptions: | <input type="text"/> | B |
| Less Adjustments: | <input type="text"/> | C |
| | D=A-B-C | |
| Total Accommodation Revenue: | <input type="text" value="-"/> | D |
| | E=D*0.04 | |
| Municipal Accommodation Tax (4%): | <input type="text" value="-"/> | E |
| Number of Rooms/Nights sold: | <input type="text"/> | F |

Explanations of Exemptions and/or Adjustments

Please include reason for the exemption and/or adjustment to the reporting period it pertains to

Claimant Declaration

I certify that the above information on this form and any applicable attachments are true, complete and accurate

Name: _____

Title: _____

Signature _____

Date: _____

Instructions on Completing Municipal Accommodation Tax Return Form

1. The Municipal Accommodation Tax Return Form **must be** submitted on a monthly basis. It is due on the last day of the following month. (Example: February return due on March 31st)
2. Accommodation Provider Information: Please enter the name of the establishment, property location, Contact name, number and email address.
3. Monthly Reporting Period: Please enter the month that the return relates to .
4. Adjustments: Include an explanation of the adjustments/exemptions to the reporting period that it relates to.

Payment and Remittance Form Submission

In Person

City of Sault Ste. Marie
99 Foster Drive
Central Collections - 2nd Floor
Sault Ste Marie, ON P6A 5X6
Hours: Mon to Fri - 8:30 am to 4:30pm

Payment Options: Cash, Debit, Cheque

By Electronic Fund Transfer

To get set up for EFT, please email us at
MAT@cityssm.on.ca or 705-759-5278

**For EFT payments, the form may be submitted
by email to MAT@cityssm.on.ca or mailed.**

By Mail

The Corporation of the City of Sault Ste. Marie
99 Foster Drive
Central Collections
Sault Ste Marie, ON P6A 5X6