

**Schedule B**

**Municipal**

**Accommodation Tax Return**

Adopted Pursuant to By-Law 61-21



**SIoux LOOKOUT**  
Hub of the North

25 Fifth Avenue, P.O. Box 158

Sioux Lookout (ON) P8T 1A4

Tel: 807-737-2700

Form Instructions on page two.

**Accommodation Establishment Information**

Legal Name of Provider	Operating Name of Establishment	Business Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Property Location	Contact Name	
<input type="text"/>	<input type="text"/>	
Contact Email Address	Contact Phone Number	
<input type="text"/>	<input type="text"/>	

**Reporting Period**

Month	Day	Year	To	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

**Municipal Accommodation Tax Calculation**

Accommodation Revenue for above reporting period (if no revenue was earned, enter "NIL")	A	<input type="text"/>
Exemptions (Provide explanation in section below)	B	<input type="text"/>
Adjustments (Provide explanation in section below)	C	<input type="text"/>
Total Accommodation Revenue Subject to Accommodation Tax	A-B-C= D	<input type="text"/>
Total Amount of Municipal Accommodation Tax Owning	D x 4%= E	<input type="text"/>
Tax Remitted on Your Behalf (Provide name in section below)	F	<input type="text"/>
Total Amount of Municipal Accommodation tax To Be Remitted	E-F= G	<input type="text"/>

**Explanation of Exemptions, Adjustments, or Tax Remitted on Your Behalf**

Attach additional sheets as required

**Claimant Declaration**

By affixing my signature below, I certify that the information provided on this form and any attachments are true, complete and accurate

**Signature**

**Name:**

**Title:**

**Date:**

<input type="text"/>
<input type="text"/>
<input type="text"/>