

The Corporation of the  
Town of Blind River



Municipal  
Accommodation  
Remittance  
Report

**Tax Return Form**

By-Law 26-32

Accommodation Establishment		
Establishment Name:		
Establishment Address:		
Mailing Address (if different):		
City:		Postal Code:
Contact Name:	Contact Phone Number:	Contact Email:

Monthly Reporting Period		
YYYY/MM/DD	TO	YYYY/MM/DD

Municipal Accommodation Tax Collection:		
	(if no revenue was earned, enter "0")	
Total Accommodation Revenue collected for above reporting period		A
Less Exemptions		B
Less Adjustments		C
Total Accommodation Revenue	(D=A-B-C)	D
Municipal Accommodation Tax (4%)	(E=D*0.04)	E
Number of Rooms/Nights sold		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:**

\*\* Form and payment must be received by the Town of Blind River by the last day of every month for the previous month's reporting period.

### 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 31<sup>st</sup>.)
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 it relates to.

### Payment and Remittance Form Submission:

#### In Person:

Town of Blind River  
11 Hudson Street, Blind River, ON P0R 1B0  
Hours: Mon-Fri 10:00 am to 4:00 pm  
Payment Option: Cash, Debit, Cheque.

#### By E-Transfer:

[etransfer@blindriver.ca](mailto:etransfer@blindriver.ca)

\*Please indicate in memo section your business name and "MAT"

#### By Mail:

The Corporation of the Town of Blind River  
Blind River, ON, P0R 1B0  
Payment Options: Cash, Debit, Cheque.

#### For other enquiries please contact:

[info@blindriver.ca](mailto:info@blindriver.ca)