



Municipal Accommodation Tax Return

Pursuant to By-law No. 41-2023

Accommodation Provider Information

Name of Accommodation Provider: _____

Address: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Quarterly Report

From: YYYY/MM/DD _____

To: YYYY/MM/DD _____

Municipal Accommodation Tax Collection

Total accommodation revenue	\$		
Total amount of Municipal Accommodation Tax (Total accommodation revenue X 4%)	\$		
Less exemption (If applicable) *		\$	
Total remittance for the quarterly reporting			\$
Numbers of room nights sold			

*** Note:** Applicable exemption needs to be approved by the Town of Hearst – Refer to the document **Frequently Asked Questions**, for additional information.

Certification by Accommodation Provider

Name of Authorized Provider: _____

Signature: _____

Date: _____



Reporting Schedule

Quarterly Reporting
January 1 – March 31
April 1 – June 30
July 1 – September 30
October 1 – December 31

Late remittances will be charged an interest rate of 1.25% per month.

Note: Accommodation providers may opt to remit more frequently.

Methods of Payment

Payment can be made by cheque payable to the Town of Hearst, or by cash or debit:

**Town of Hearst
925 Alexandra Street
PO Bag 5000
Hearst, ON P0L 1N0**

Payments made by mail or in person must be accompanied by this form.

Payment of the MAT is not to be included with any other payments, such as property taxes.

Information

For more information, please contact Mireille Lemieux at 705-362-4341 ext 1100 or by e-mail at mlemieux@hearst.ca

Thank you.