Municipal Accommodation Tax Return

(Pursuant to By-Law 2018-116)

City of Markham
Corporate Services Commission
Financial Services Department
101 Town Centre Blvd
Markham, ON L3R 9W3
Tel: (905) 415-7514
Fax: (905) 415-7544
Email: smanson@markham.ca



Important: A Municipal Accommodation Tax Return form must be completed and received by the City by the last day of every month for the previous month's reporting period even if no tax was collected. For example: April's tax return (April 1st to April 30th) must be received by May 31st. Late payment charges will be charged on outstanding balances at a rate of 1.25% on the first day of default and the first of the month until paid. **Additional form instructions on page two.**

Accommodation Establishment Information	
Name of Establishment	Customer Number
Property Location	Contact Name
Email Address	Contact Phone Number
Monthly Reporting Period	
Reporting Period	
to	
Municipal Accommodation Tax Collection	
Accommodation Revenue for the above reporting period.	Α
If no revenue was collected in the reporting period enter "0" in Box "A".	
Less Exemptions	В
Less Adjustments (provide details in ADJUSTMENTS section below)	С
Total Accommodation Revenue	(A-B-C)
Total Accommodation Revenue	D
Total Amount of Municipal Accommodation Tax Collected	E
Number of Room Nights Sold	F
Please attach a copy of the Monthly Room Sales Report from your Property Management System within the MAT Return Form.	which illustrates the information noted
Adjustments	
Explanation of Adjustment (please include reason for adjustment and to which reporting period it pertains	to)
Claimant Declaration	
I certify that the information on this form and any applicable attachment(s) are true ar	nd correct.
Signature	Date (MM/DD/YYYY)

Instructions on Completing your Municipal Accommodation Tax Return Form

Accommodation Establishment Information

Enter the name of establishment, property location, email address, customer number, contact name and contact phone.

Reporting Period

Enter the month for which the return pertains to.

Municipal Accommodation Tax Calculation

In Box "A": Enter the amount of revenue received in the reporting period. If no tax was collected in the reporting period enter "0" in Box "A".

In Box "B": Enter the amount of exemptions in the reporting period.

In Box "C": Enter the amount of adjustments in the reporting period.

In Box "D": Deduct the amounts in Box "B" & "C" from Box "A".

In Box "E": Enter amount of the 4% Municipal Accommodation Tax collected.

In Box "F": Enter amount of rooms sold in the reporting period.

Please attach a copy of the Monthly Room Sales Report from your Property Management System which illustrates the information noted within the MAT Return Form.

Adjustments

Please include an explanation of the adjustment (e.g. refunds) and to which reporting period the adjustment pertains to.

Payment and Form Submission Information

Form and payment must be received by the City by the last day of every month for the previous month's reporting period.

By Electronic Fund Transfer

To get set up for EFT please email Shane Manson at smanson@markham.ca or 905-415-7514.

For payments made by EFT, the form may be submitted by email to smanson@markham.ca or alternatively may be mailed.

In Person

City of Markham 101 Town Centre Boulevard Cashiers - Thornhill Entrance Markham, ON Hours: 8:00am - 5:00pm

Contact Person: Shane Manson

Payments are to be received by the last day of every month for the previous month's reporting period.

Questions about this collection should be directed to the Senior Manager, Revenue & Property Taxation, 101 Town Centre Blvd, Markham, Ontario L3R 9W3. Telephone 905-477-7000 ext. 7514.

For more information, please visit us at www.markham.ca