Schedule B Municipal Accommodation Tax Return

Hub of the North
25 Fifth Avenue, P.O. Box 158
Sioux Lookout (ON) P8T 1A4

Tel: 807-737-2700

SIOUX LOOKOUT

Form Instructions on page two.

Adopted Pursuant to By-Law 61-21

| Accommodation Est | ablishment In | formation | | | | | |
|---|-----------------------|-------------------|------------------|----------------------------------|----------------------|-------|------------|
| Legal Name of Provid | der | | Operating | Name of Establishment | | Busin | ess Number |
| | | | | | | | |
| Property Location | | | | | Contact Na | me | |
| | | | | | | | |
| Contact Email Addre | ss | | | | Contact Phone Number | | |
| | | | | | | | |
| Reporting Period | | | | | | | |
| | | | | | | | |
| Month | Day | Year | - | Month | Day | | Year |
| | | | То | | | _ | |
| Municipal Accommo | | | | | | | |
| Accommodation Revenue for above reporting period (if no revenue was earned, enter "NIL" | | | | | | Α | |
| Exemptions (Provide explanation in section below) | | | | | | В | |
| Adjustments (Provide explanation in section below) | | | | | | С | |
| Total Accommodation Revenue Subject to Accommodation Tax | | | | | A-B-C= | | |
| Total Amount of Municipal Accommodation Tax Owing | | | | | D x 4%= | E | |
| Tax Remitted on Your Bel | nalf (Provide nam | e in section belo | w) | | | F | |
| Total Amount of Municipa | al Accommodatio | n tax To Be Rem | itted | | E-F= | G | |
| | | | | | | | |
| Explanation of Exem | ptions, Adjus | tments, or Ta | x Remitted | on Your Behalf | | | |
| Attach additional sheets a | <u>is required</u> | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Claimant Declaration | n | | | | | | |
| By affixing my signature belo | w, I certify that the | information provi | ded on this form | and any attachments are true, co | omplete and acc | urate | |
| | | | | | | | |
| | | | | | | | |
| | | | | Signature | | | |
| | | | | Name: | | | |
| | | | | Title: | | | |
| | | | | Date: | | | |

The personal information on this form is requested pursuant to By-law 87-19 and is collected under the authority of the Municipal Act, S.O. 2001, c25. Questions about this collection should be directed to c/o Municipal Accommodation Tax, The Municipality of Sioux lookout, 25 Fifth Avenue, P.O. Box 158 Sioux Lookout, On P8T 1A4. Telephone (807)-737-2700