

MUNICIPAL ACCOMMODATION TAX (MAT) REMITTANCE FORM

Please fill the form in below and submit it to mat@greaternapanee.com

SECTION 1 – IDENTIFICATION		
Legal Name of Accommodation Provider		
Operating Name of Accommodation Provider		
MAT Identification Number		
Address of Accommodation Provider		
Mailing Address (if different from the above)		
Contact Name and Title		
Contact Telephone Number		
Contact Email Address		
SECTION 2 – REPORTING PERIOD		
For which period are you filing this return?	Jan - March () April - June () July - September () October - December ()	
From:	To:	
Is this the first period for which you have filed a MAT return?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, indicate the last period a return was filed:	
SECTION 3 – FINANCIAL INFORMATION		
Total Accommodation Revenue for the reporting period (if no revenue was earned, enter "NIL" in Box A)	A	
Total Exempt from Accommodation Revenue (if any) for the reporting period	B	
Total Accommodation Revenue subject to MAT	A-B=C	
Total MAT Payable – current period	C x 5% = D	
Adjustments	E	
Total MAT Payable	D +/- E	
Please provide details on adjustments:		
Total number of room nights available during the reporting period:		
Total number of units room nights sold during the reporting period:		
SECTION 4 CERTIFICATION		
Name of Authorized Signing Officer		
Signature		
Date		

The information on this form is collected and protected under the authority of the Municipal Act, 2001, S.O. 2001 and the Municipal Freedom of Information and Protection of Privacy Act. The information will only be used for the purposes of administering the collection of the Municipal Accommodation Tax pursuant to By-Law 2026-0018

Questions about this collection may be made by calling 613-354-3351 or by email to mat@greaternapanee.com