



TOWN OF NIAGARA-ON-THE-LAKE MUNICIPAL ACCOMMODATION TAX (MAT) QUARTERLY REMITTANCE FORM  
Please fill the form in below and submit it to mat@notl.com

SECTION 1 IDENTIFICATION	
Legal Name of Accommodation Provider	
Operating Name (if different than above)	
MAT Identification Number <sup>(1)</sup>	
Address of Accommodation Provider	
Mailing Address (if different than above)	
Contact Name and Title	
Contact Telephone Number	
Contact Email Address	
SECTION 2 REPORTING PERIOD	
For which period are you filing this return? <sup>(2)</sup>	<b>Jan - March</b> DUE APRIL 30 <b>April - June</b> DUE July 31 <b>July - September</b> DUE OCT 31 <b>October - Dec</b> DUE JAN 31
From:	To:
Is this the first period for which you have filed a MAT return?	
Yes    No	If no, indicate the last period a return was filed:
SECTION 3 FINANCIAL INFORMATION	
Total Accommodation Revenue for the reporting period <sup>(3)</sup> (if no revenue was earned, enter "0" in Box A)	A
Total Exempt from Accommodation Revenue (if any) for the reporting period <sup>(4)</sup>	B
Total Accommodation Revenue subject to MAT	A-B=C
Total MAT Payable – current period	C x 4% = D
Adjustments	E
Total MAT Payable	D +/- E
Please provide details on adjustments in a separate attachment	
Total number of room nights available during the reporting period:	
Total number of unit room nights sold during the reporting period:	
SECTION 4 CERTIFICATION	
Name of Authorized Signing Officer	
Signature	
Date	

Please indicate how payment will be made below. Refer to the Town's website for further payment instructions and hours of operation. Do not send Cash in the mail.

Mail (Cheque, Certified Cheque, or Money Order)

Drop Box (Cheque, Certified Cheque, or Money Order)

In Person (Cheque, Certified Cheque, Money Order, Cash, or Debit)

**Notes**

(1) Operators will be assigned a unique MAT ID upon their first filing. If this is your first filing and if you have not been assigned a number please leave blank.

(2) Please enter the first day of the reporting period and the last day of the reporting period. If you are beginning or ending your operation, please pick the first day of operation or last day of operation.

(3) This applies only to room rates. If additional fees were identified and charged separately, exclude them from this box.

(4) This applies to all exemptions as listed under section 4 in NOTL By-Law #5540-23.

The information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001. The information will only be used for the purposes of administering the collection of the Municipal Accommodation Tax pursuant to By-Law #5540-23.