



TOWN OF NIAGARA-ON-THE-LAKE MUNICIPAL ACCOMMODATION TAX (MAT) MONTHLY 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>	Monthly remittances are due at the end of the following month. Example: MAT collected in January is due Feb 27.	
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.