

# SCHEDULE B - MUNICIPAL ACCOMMODATION TAX RETURN



ONTARIO, CA

# COCHRANE

## SECTION 1 – IDENTIFICATION

Legal Name of Accommodation Provider	
Operating Name of Accommodation Provider	
Address of Accommodation Provider	
Mailing Address (if different from 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>

From (YYYY/MM/DD)		To (YYYY/MM/DD)	
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## SECTION 3 – FINANCIAL INFORMATION

Total Accommodation Revenue for the reporting period <sup>(3)</sup>	A	
Total Exempt 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:

### DETAILS OF ROOMS RENTED AND AVAILABLE BY MONTH

	Name of Month	Total number of room nights available during the reporting period	Total number of units room nights sold during the reporting period
Month 1			
Month 2			
Month 3			
TOTAL for the Quarter			

## 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 #1377-2019 Questions about this collection may be made by calling the Town of Cochrane

## SECTION 5 – HOW TO REMIT

Please remit form & payment to the Town of Cochrane on or before the due date.

**Option #1 – Submit completed form electronically to:** [mat@cochraneontario.com](mailto:mat@cochraneontario.com) (note payment must be forwarded to the Town of Cochrane per the address below)

**Option #2 – Mail Completed Form to:**  
Municipal Accommodation Tax Administrator The Corporation of the Town of Cochrane  
PO Box 470 Cochrane, Ontario P0L 1C0

**PLEASE MAKE CHEQUES PAYABLE TO:**  
The Corporation of the Town of Cochrane, 171 Fourth Avenue, Cochrane Ontario, P0L 1C0

### FOR OFFICE USE ONLY:

Date Received:	Reference No:	Receipt No: