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Remitting the Municipal Accommodation Tax

Municipal Accommodation Tax Overview

(i) On September 27, 2021, Council approved By-law 2021-83, a by-law to impose a transient municipal accommodation tax within the Municipality of Northern Bruce Peninsula. The Municipal Accommodation Tax (MAT) was effective as of January 1, 2022, at a rate of 4%. The MAT applies only to the accommodation charge and not associated charges, such as meals or room incidentals. The Municipal Accommodation Tax must be identified as a separate item or charge on each bill, receipt, or invoice.

Due dates: Payment and Submission Information

Q1 (January – March) is due on or before April 30

Q2 (April – June) is due on or before July 31

Q3 (July – September) is due on or before October 31

Q4 (October – December) is due on or before January 31

The Municipality has created an online payment form for the collection of MAT payments. Registered operators will receive quarterly email reminders from the Municipality regarding the remittance requirements. Rental Accommodation owners shall remit the amount for the previous quarter on or before the last day of the month following the end of the quarter.

Step-by-step Remittance Process

Navigate to https://www.northbrucepeninsula.ca/

2 Click on the "MAT" Icon on the Municipal Homepage as seen below.



Once on the page, scroll down and click "Municipal Accommodation Tax Remittance Form" button to access the remittance form.

Due dates: payment and submission information

- Q1 (January March) is due on or before April 30
- Q2 (April June) is due on or before July 31

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- Q3 (July September) is due on or before October 31
- Q4 (October December) is due on or before January 31

The Municipality has created an online payment form for the collection of MAT payments. Registered STA owners will receive an email from the Municipality that includes instructions for remittance. STA owners shall remit the amount for the previous quarter on or before the last day of the month following the end of the quarter.

A step-by-step Municipal Accommodation Tax Guidebook is available below to assist individuals through the online remittance process.

If you require assistance, please email us.

Step-by-step Remittance Guidebook

Municipal Accommodation Tax Remittance Form

Utilization of the Funds Generated through the Municipal Accommodation Tax Program

The Municipal Accommodation Tax Program will generate funding to promote tourism within the Municipality of Northern Bruce Peninsula. The Tobermory Chamber of Commerce will receive 50% of the net revenue collected from the Program for tourism promotion and development. The remaining 50% of the net revenue will be retained by the Municipality of Northern Bruce Peninsula, earmarked for projects that promote tourism, and benefit both residents and visitors.

When completing the remittance form, please ensure that all required fields, marked with an asterisks (*) are completed.

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4 Click the "Name of Establishment" field and enter the name of your rental accommodation. If you do not have a name for your operation, please just enter the associated address.

| Municipal Accommodation Tax Return Pursuant to By-law 2021-83) | 56 Lindsay Road 5 Lion's Head, ON NOH 1W0 Phone: 1-833-793-3537 | |
|--|--|--|
| portant: A Municipal Accommodation Tax Return form must be completed and received by the llected. For example: April's tax return (January 1 to March 31) must be received by April 30th. 1.25% on the first day of default and the first of the month until paid. | last day of the month following the pre ate payment charges will be charged | evious quarter even if no tax was on outstanding balances at a rate |
| | | |
| Accommodation Establishment Information nter the name of establishment, property location, email address, customer number, contact na | ne and contact phone. | |
| Accommodation Establishment Information inter the name of establishment, property location, email address, customer number, contact na kame of Establishment * | ne and contact phone. | nce/ Registration Number * |
| Accommodation Establishment Information nter the name of establishment, property location, email address, customer number, contact na lame of Establishment * | ne and contact phone. | nce/ Registration Number * |
| Accommodation Establishment Information nter the name of establishment, property location, email address, customer number, contact na lame of Establishment * roperty Location * mail Address * | Licer | nce/ Registration Number * act Name * act Phone Number * |

Next, click the "Licence/ Registration Number" field. Enter the Licence/Registration Number provided to your by the Municipality.

| минири Ассонночанон тах кешт | N0H 1W0 | |
|--|--|---|
| Pursuant to By-law 2021-83) | Phone: 1-833-793-3537 | 72 |
| | | MUNICIPALITY OF NORTHERN BRUCE PENINSULA |
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| nportant: A Municipal Accommodation Tax Return form must be completed and received by ollected. For example: April's tax return (January 1 to March 31) must be received by April 3 | the last day of the month following 0th. Late payment charges will be c |) the previous quarter even if no tax was haraed on outstandina balances at a rate |
| f 1.25% on the first day of default and the first of the month until paid. | | 3 |
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| Accommodation Establishment Information | | |
| nter the name of establishment, property location, email address, customer number, contac | t name and contact phone. | |
| | | |
| ame of Establishment * | | Licence/ Registration Number * |
| Short-term Accommodation | | |
| Property Location * | | Contact Name * |
| | | |
| mail Address * | | Contact Phone Number * |
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| Aunicinal Accommodation Tay Collection | | |
| vunicipal Accommodation Tax Collection | | |
| inter the details required for the applicable reporting period. | | |



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If you are unsure of your Licence/Registration Number, please contact the Municipal Office at 1-833-793-3537.

Click the "Property Location" field and enter the address of your rental operation. If you entered the address in the "Name of the Establishment" field, please enter it again in the "Property Location" field.

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| Municipal Accommodation Tax Return | NOH 1W0 | |
|---|--|------------------------|
| Pursuant to By-law 2021-83) | Phone: 1-833-793-3537 | 2 |
| | NORTHERN BRUCE PEN | NSULA |
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| portant: A Municipal Accommodation Tax Return form must be completed and received by the llected. For example: April's tax return (January 1 to March 31) must be received by April 30th 1.25% on the first day of default and the first of the month until paid. | e last day of the month following the previous quarter even if no Late payment charges will be charged on outstanding balance | tax was s at a rate |
| Accommodation Establishment Information | | |
| nter the name of establishment, property location, email address, customer number, contact no | ime and contact phone. | |
| | | |
| | Licence/ Registration Numb | er * |
| Short-term Accommodation | 51A-2024-001 | |
| Property Location * | Contact Name * | |
| | | |
| imail Address * | Contact Phone Number * | |
| | | |
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| | | |
| Municipal Accommodation Tax Collection | | |
| inter the details required for the applicable reporting period | | |
| ince are actually required for the applicable reporting period. | | |
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7 Click the "Contact Name" field and enter the name of the Property Owner who will be the listed contact for the rental operation.

| 13/ |
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| MUNICIPALITY OF NORTHERN BRUCE PENINSULA |
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| ious quarter even if no tax was n outstandina balances at a rate |
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| |
| e/ Registration Number * |
| 2024-001 |
| ct Name * |
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| ct Phone Number * |
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Click the "Email Address" field and enter the preferred email address for the Municipality to utilize.

| Name of Establishment * | | Licence/ Regist |
|---|-----------------------------|-----------------|
| Short-term Accommodation | | STA-2024-001 |
| Property Location * | | Contact Name |
| 56 Lindsay Road 5 | | John Smith |
| | | |
| Municipal Accommodation Tax Collect | tion | |
| Image: | tion Number of Room Nigl | nts Sold * |

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Quarterly emails will be sent to the email address provided within this section. Please ensure to provide an email address that is regularly checked to ensure you receive updates and reminders regarding the program. Click the "Contact Phone Number" field and enter the preferred phone number to be associated with your rental operation.

Accommodation Establishment Information

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Enter the name of establishment, property location, email address, customer number, contact name and contact phone.

| Name of Establishment * | Licence/ Registration Number * |
|---|---|
| Short-term Accommodation | STA-2024-001 |
| Property Location * | Contact Name * |
| 56 Lindsay Road 5 | John Smith |
| Email Address * | Contact Phone Number * |
| info@northernbruce.ca | |
| Municipal Accommodation Tax | Collection |
| Municipal Accommodation Tax | c Collection |
| Municipal Accommodation Tax Enter the details required for the applicable reporting per Reporting Period * | c Collection od. Number of Room Nights Sold * |
| Municipal Accommodation Tax Enter the details required for the applicable reporting per Reporting Period * Q1 - January 1 to March 31 | c Collection od. Number of Room Nights Sold * |
| Municipal Accommodation Tax Enter the details required for the applicable reporting per Reporting Period * Q1 - January 1 to March 31 Accommodation Revenue for the Selected Reporting Per | Collection od. Number of Room Nights Sold * |
| Municipal Accommodation Tax Enter the details required for the applicable reporting per Reporting Period * Q1 - January 1 to March 31 Accommodation Revenue for the Selected Reporting Per Enter the amount of revenue received in the reporting period. If | c Collection od. Number of Room Nights Sold * riod * no revenue collected, enter 0.00. |
| Municipal Accommodation Tax Enter the details required for the applicable reporting per Reporting Period * Q1 - January 1 to March 31 Accommodation Revenue for the Selected Reporting Per Enter the amount of revenue received in the reporting period. If Total Amount of Municipal Accommodation Tax Collect | A Collection od. Number of Room Nights Sold * riod * no revenue collected, enter 0.00. ed (Total Accommodation Revenue * 4%) |

10 Click the "Reporting Period" field.

| | | Jonn Smith |
|---|--------------------------------|-------------------|
| Email Address * | | Contact Phone Num |
| info@northernbruce.ca | | 833-793-3537 |
| | | |
| | | |
| Municipal Accommodation Tax Col | lection | |
| Enter the details required for the applicable reporting period. | | |
| Reporting Period * | Number of Room Nig | |
| | | ints Sold * |
| Q1 - January 1 to March 31 | • | nts Sold * |
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| Q1 - January 1 to March 31 Accommodation Revenue for the Selected Reporting Period * Enter the amount of revenue received in the reporting period. If no revenue | ب ue collected, enter 0.00. | ints Sold * |
| Q1 - January 1 to March 31 Accommodation Revenue for the Selected Reporting Period * Enter the amount of revenue received in the reporting period. If no revenue Total Amount of Municipal Accommodation Tax Collected (Total | e collected, enter 0.00. | ints Sold * |

Claimant Declaration

I certify that the information on this form and any applicable attachment(s) are true and correct.

11 Select the applicable quarter you are remitting for.

| Iunicipal Accommodation Tax Colle | ection | |
|-----------------------------------|------------------------------|--|
| porting Period * | Number of Room Nights Sold * | |
| Q1 - January 1 to March 31 | | |
| D1 - January 1 to March 31 | | |
| Q2 - April 1 to June 30 |) Revenue * 4%) | |
| Q3 - July 1 to September 30 | | |
| Q4 - October 1 to December 31 | | |
| | | |
| laimant Declaration | | |



Rental operation owners shall remit the amount for the previous quarter on or before the last day of the month following the end of the quarter

12 Click the "Number of Room Nights Sold" field and enter the number of nights you rented within the applicable quarter.

| 56 Lindsay Road 5 | | John Smith |
|--|--|------------------------|
| mail Address * | | Contact Phone Number * |
| info@northernbruce.ca | | 833-793-3537 |
| | | |
| | | |
| | | |
| Junicipal Accommodation T | Tax Collection | |
| Enter the details required for the applicable reporting | g period. | |
| | | |
| Reporting Period * | Number of Room Nig | hts Sold * |
| Q1 - January 1 to March 31 | · I | |
| Accommodation Revenue for the Selected Reporting | a Period * | |
| Accommodution nevenue for the beleeted heporting | | |
| Cates the summary of an annual sector of in the summaries and | 11 110 16V61116 COURCINC APILE LIVE | |
| Enter the amount of revenue received in the reporting perio | a no revenue concerca, enter 0.00. | |
| Enter the amount of revenue received in the reporting perio Fotal Amount of Municipal Accommodation Tax Col | llected (Total Accommodation Revenue * 4%) | |
| Enter the amount of revenue received in the reporting perior Fotal Amount of Municipal Accommodation Tax Col \$0.00 | llected (Total Accommodation Revenue * 4%) | |
| Enter the amount of revenue received in the reporting perio Fotal Amount of Municipal Accommodation Tax Col \$0.00 | llected (Total Accommodation Revenue * 4%) | |
| Enter the amount of revenue received in the reporting perio Fotal Amount of Municipal Accommodation Tax Col \$0.00 | llected (Total Accommodation Revenue * 4%) | |
| Enter the amount of revenue received in the reporting perior Total Amount of Municipal Accommodation Tax Col \$0.00 | llected (Total Accommodation Revenue * 4%) | |
| Enter the amount of revenue received in the reporting perior Fotal Amount of Municipal Accommodation Tax Col \$0.00 Claimant Declaration | llected (Total Accommodation Revenue * 4%) | |
| Enter the amount of revenue received in the reporting perior Total Amount of Municipal Accommodation Tax Col \$0.00 Claimant Declaration certify that the information on this form and any app | Ilected (Total Accommodation Revenue * 4%) | |
| Enter the amount of revenue received in the reporting perior Total Amount of Municipal Accommodation Tax Col \$0.00 Claimant Declaration I certify that the information on this form and any app | Ilected (Total Accommodation Revenue * 4%) | |

13 Click the "Accommodation Revenue for the Selected Reporting Period" field and enter the amount of revenue generated within the applicable quarter.

Municipal Accommodation Tax Collection

Enter the details required for the applicable reporting period.

| Reporting Period * | | Number of Room Nights Sold * |
|---|-------------------|------------------------------|
| Q1 - January 1 to March 31 | • | 10 |
| Accommodation Revenue for the Selected Reporting Period | | |
| Enter the amount of revenue received in the reporting period. If no revenue colle | cted, enter 0.00. | |
| Total Amount of Municipal Accommodation Tax Collected (Total Acco | ommodation R | levenue * 4%) |
| \$0.00 | | |
| | | |
| | | |
| Claimant Declaration | | |
| I certify that the information on this form and any applicable attachmen | nt(s) are true ar | nd correct. |

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Click the "Total Amount of Municipal Accommodation Tax Collected" field. The amount will automatically be generated for you based on the revenue entered in the previous field.

| Reporting Period * | Number of Room Nights Sold * |
|---|---|
| Q1 - January 1 to March 31 | - 10 |
| Accommodation Revenue for the Selected Reporting Period | |
| 5000 | |
| | |
| | |
| Claimant Declaration | |
| Claimant Declaration | tachment(s) are true and correct. |
| Claimant Declaration I certify that the information on this form and any applicable a Signature * | tachment(s) are true and correct. Date * |

15 Scroll down and sign the "Signature field"



Personal information on this form is collected under the authority of the Municipal Act, 2001, and \boldsymbol{v}

16 If you have an error with your signature, click "Clear".



ollection can be sent directly to us via our email form. More information about the Municipal Accommodation Tax Pre

n this form is collected under the authority of the Municipal Act, 2001, and will be used for the purpose of responding n of this information should be directed to the Clerk at 1-833-793-3537 ext. 236.

17 Click the "Date" field.

[,] applicable attachment(s) are true and correct.



18 Select the applicable date you are remitting the MAT.



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e attachment(s) are true and correct.

a our email form. More information about the Municipal Accommodation Tax Program can be found on our

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19 When you have completed the form, click "Continue"

| nature * | | Date * | | |
|--|---|--|--------------------------------------|--|
| | | 1/3/2025 | ** | |
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| estions about this c | allection can be sent directly to us via | Clear a our email form. More information about the Municipal Act | commodation Tax Program can be | found on our |
| bsite. | ,, | | | |
| sonal information o | n this form is collected under the aut | hority of the Municipal Act, 2001, and will be used for the p | surpose of responding to your reques | t. Questions |
| arding the collection | n of this information should be direct | ed to the Clerk at 1-833-793-3537 ext. 236. | | |
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| | | | | Contained |
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| | Contact Lic | Hours of Operation | Connact with | He |
| | Municipality of | rious of Operation | Connect with | 05 |
| | | Monday to Friday | | |
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| Contact Phone N 833-793-3537 Reporting Period Q1 - January 1 to Number of Room 10 Accommodation 5000 Total Amount of \$220.00 Date 1/3/2025 | Northern Bruce Peninsula 56 Lindsov Rood 5 w the information umber March 31 Nights Sold Revenue for the Selected Reporting Municipal Accommodation Tax Colle | Period ected (Total Accommodation Revenue * 4%) | g looks right click | "Continue" |
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| Contact Phone N 833-793-3537 Reporting Period Q1 - January 1 to Number of Room 10 Accommodation 5000 Total Amount of 1 \$200.00 Date 1/3/2025 Description Municipal Accomm | Northern Bruce Peninsula 56 Lindsov Road 5 w the information umber March 31 Nights Sold Revenue for the Selected Reporting Municipal Accommodation Tax Colle | Period ected (Total Accommodation Revenue * 4%) | g looks right click | "Continue" "Cost \$200.00 \$200.00 |
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21 If there is an issue with the information from the form, select the "back" button.

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|---|-------------------------------------|--|-----------|----------|
| Back | | | | Continue |
| | | | Total: | \$200.00 |
| | | | Subtotal: | \$200.00 |
| Municipal Accommo | dation Tax Collection | | | \$200.00 |
| Date 1/3/2025 Description | | | | Cost |
| Total Amount of M \$200.00 | unicipal Accommodation Tax Collec | ted (Total Accommodation Revenue * 4%) | | |
| Accommodation R 5000 | evenue for the Selected Reporting P | Period | | |
| Number of Room N 10 | lights Sold | | | |
| • Reporting Period Q1 - January 1 to N | larch 31 | | | |
| 833-793-3537 | | | | |

22 Review the information from the form, if everything looks right click "Continue"

| Contact Phone Nun 833-793-3537 | nber | | | |
|--|-------------------------------------|--|---------------------|--|
| Reporting Period Q1 - January 1 to M | arch 31 | | | |
| Number of Room N 10 | ights Sold | | | |
| Accommodation Re 5000 | evenue for the Selected Reporting I | Period | | |
| Sector State | unicipal Accommodation Tax Collec | ected (Total Accommodation Revenue * 4%) | | |
| Date | | | | |
| 1/3/2025 | | | | |
| 1/3/2025 Description | | | | Cost |
| 1/3/2025 Description Municipal Accommod | ation Tax Collection | | | Cost \$200.00 |
| 1/3/2025 Description Municipal Accommod | ation Tax Collection | | Subtotal: | Cost \$200.00 \$200.00 |
| 1/3/2025 Description Municipal Accommod | ation Tax Collection | | Subtotal: Total: | Cost \$200.00 \$200.00 \$200.00 |
| 1/3/2025 Description Municipal Accommod Back | lation Tax Collection | | Subtotal: Total: | Cost \$200.00 \$200.00 \$200.00 |

23 A payment screen will appear. Click the "Payment Method" field and select the the "Credit Card" option.

| info@northernbruce.ca | | |
|---|--|----------|
| Contact Phone Number 833-793-3537 | | |
| • Reporting Period Q1 - January 1 to March 31 | | |
| • Number of Room Nights Sold 10 | | |
| Accommodation Revenue for the Selected Reporting P 5000 | eriod | |
| Total Amount of Municipal Accommodation Tax Collect \$200.00 | ted (Total Accommodation Revenue * 4%) | |
| • Date 1/3/2025 | | |
| Description | | Cost |
| Municipal Accommodation Tax Collection | | \$200.00 |
| Subtotal: | | \$200.00 |
| Total: | | \$200.00 |
| Payment Method: * Card Type: * | Credit Card | |
| | | |

24 Select the "Card Type" field and select the applicable credit card you are utilizing.

I ax Collection

| Payment Method: * | Credit Card | |
|-----------------------------|-------------|--------------|
| Card Type: * | MasterCard | |
| | | |
| Name on Card: * | | |
| Credit Card Number: * | | |
| Credit Card Verification: * | | What's this? |

25 Fill out the applicable payment information in the remaining fields.

| Payment Method: * | Credit Card | |
|-----------------------------|-------------|--------------|
| Card Type: * | MasterCard | |
| | | |
| Name on Card: * | | |
| Credit Card Number: * | | |
| Credit Card Verification: * | | What's this? |
| Expiry Date (MM/YY) | 01 / 25 | |
| | Process | |

| 26 Once complete click the "Process" button. | | | | |
|---|--|-----------|--|--|
| Name on Card: * | John Smith | | | |
| Credit Card Number: * | | | | |
| Credit Card Verification: * | | What's th | | |
| Expiry Date (MM/YY) | 01 / 25 | | | |
| | Process | | | |
| | | | | |
| Contact Us Municipality of Northern Bruce Peninsula | Hours of Operation Monday to Friday | | | |

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27 Following the successful remittance of the MAT, the following page will appear.



Utilization of the Funds Generated through the Municipal Accommodation Tax Program

The Municipal Accommodation Tax Program will generate funding to promote tourism within the Municipality of Northern Bruce Peninsula. The Tobermory Chamber of Commerce will receive 50% of the net revenue collected from the Program for tourism promotion and development. The remaining 50% of the net revenue will be retained by the Municipality of Northern Bruce Peninsula, earmarked for projects that promote tourism, and benefit both residents and visitors.

Privacy

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All information collected as part of the Municipal Accommodation Tax remittance process will be protected in accordance with the Ontario Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).