



**Assessment and Taxation
Évaluation et taxes**

April 11, 2024

RE: Request for Income/Expense Information

Roll Number:

Property Address:

Property Group: Hotel

The City of Winnipeg Assessment and Taxation Department is collecting information for the purpose of preparing the next General Assessment in accordance with Section 9(1) of The Municipal Assessment Act. In order to make property assessments reflective of market value, it is necessary for us to obtain accurate operating income and expense information for income producing properties.

We are currently collecting information regarding operating statements ending in 2023, or with year-end dates closest to April 1, 2024.

Please complete the attached forms Hotel/Motel Questionnaire (Form 529-7) and Schedule A (Form 529-8) and return them to our office on or before May 2, 2024. A copy of your Audited Income and Expense Statements for the 12-month period culminating in your most recent year-end is to be included with your questionnaires. If Audited Income and Expense Statements are not available, then please submit a copy of your Non-Audited Statements.

Instructions on how to complete the forms (Hotel Guide) have been included as an attachment to this mailing on Form 529-11.

Failure to comply with this request will result in the imposition of penalties as outlined in The Municipal Assessment Act and detailed in the attached Legislative Authority (Form 529-2). Please note to the extent that it exists or wherever possible, submit separate questionnaires for each roll number.

We are confident that your cooperation will result in an accurate and fair assessment. If you have any questions, or wish to request the documents in French please call the 311 Customer Contact Centre by phone at 3-1-1 (toll free 1-877-311-4974) or by email at 311@winnipeg.ca

Yours truly,

Tim Austin
City Assessor/Director

Enclosed

- o Instructions for Completing Questionnaires and Legislative Authority-Form 529-2
- o Hotel/Motel Questionnaire: Form 529-7
- o Schedule A: Form 529-8
- o Hotel Guide: Form 529-11

510 Main Street, Winnipeg, Manitoba R3B 3M2

510, rue Main, Winnipeg (Manitoba) R3B 3M2

T. | Tél. : 311
Toll-free | Sans frais : 1-877-311-4974
F. | Fax : 204-986-6105
winnipeg.ca

DS-IEQCOVER-HOTEL-529-1



le 11 avril 2024

OBJET : Demande de renseignements sur les revenus/dépenses

Numéro de rôle :

Adresse du bien :

Groupe de biens : Hotel

Le Service de l'évaluation et des taxes de la Ville de Winnipeg collecte des renseignements en vue de la préparation de la prochaine évaluation générale en conformité avec le paragraphe 9(1) de la Loi sur l'évaluation municipale. Pour que les évaluations foncières reflètent la valeur marchande, il est indispensable que nous obtenions des renseignements exacts sur les revenus et les dépenses d'exploitation des biens productifs.

Nous recueillons présentement des renseignements sur les relevés de compte d'exploitation se finissant en 2023 ou dont la date de fin d'exercice est plus proche du 1er avril 2024.

Veillez remplir le Questionnaire pour les hôtels et les motels (formulaire no 529-7) et l'annexe A (formulaire no 529-8) et nous les retourner au plus tard le 2 mai 2024. Vous devez joindre à vos questionnaires une copie de vos états financiers vérifiés pour la période de 12 mois qui a précédé la fin de l'exercice le plus récent. Si vous n'avez pas accès à vos états financiers vérifiés, veuillez joindre une copie de vos états financiers non vérifiés.

Vous trouverez à la formulaire no 529-11 un guide pour les hôtels, qui contient des directives sur la façon de remplir les formulaires.

Le fait de ne pas obtempérer à la présente demande se traduira par l'imposition d'amendes, ainsi qu'il est indiqué dans la Loi sur l'évaluation foncière et expliqué en détail à la formulaire no 529-2 ci-jointe sur l'autorité législative. À noter : Veuillez soumettre un questionnaire pour chaque numéro de rôle, dans la mesure du possible.

Votre collaboration permettra d'assurer l'exactitude et la justesse des évaluations. Pour toute question, ou pour demander des documents en français, veuillez communiquer avec le 311 par téléphone au 311 (sans frais au 1-877-311-4974) ou par courriel à 311@winnipeg.ca.

Veillez agréer l'expression de mes sentiments les meilleurs.

L'évaluateur de la Ville et directeur du Service,

Tim Austin

Pièces jointes :

- o Directives sur la manière de remplir les questionnaires et dispositions législatives habilitantes : Formulaire no 529-2
- o Questionnaire sur les hôtels et les motels : Formulaire no 529-7
- o Annexe A : Formulaire no 529-8
- o Formulaire no 529-11 un guide pour les hôtels



SCHEDULE A

FORM 529-8

12 MONTHS ENDING (mm/dd/yyyy)

DUE DATE: May 2, 2024

PROPERTY IDENTIFICATION

Roll Number: _____ Property Group: Hotel

Property Address: _____ Property Use Code: _____

Property Owner: _____

SUPPLEMENTARY DEPARTMENTAL EXPENSE INFORMATION

Rooms Expenses

Employee Wages \$ _____

Employee Benefits \$ _____

Supplies \$ _____

Other (please specify) _____

***Rooms Expenses Total \$**

*** Transfer this amount to Line 713 on FORM:529-7**

Food Expenses

Cost of Sales \$ _____

Employee Wages \$ _____

Employee Benefits \$ _____

Entertainment \$ _____

Supplies \$ _____

Other _____

Other (please specify) \$ _____

***Food Expenses Total \$**

*** Transfer this amount to Line 714 on FORM:529-7**

Beverage Expenses

Cost of Sales \$ _____

Employee Wages \$ _____

Employee Benefits \$ _____

Entertainment \$ _____

Supplies \$ _____

Other _____

Other (please specify) \$ _____

***Beverage Expenses Total \$**

*** Transfer this amount to Line 715 on FORM:529-7**

Banquet/Mtg. Rooms Expenses

Cost of Sales \$ _____

Employee Wages \$ _____

Employee Benefits \$ _____

Entertainment \$ _____

Supplies \$ _____

Other _____

Other (please specify) \$ _____

***Banquet/Mtg. Rooms Expenses Total \$**

*** Transfer this amount to Line 716 on FORM:529-7**

Vendor Expenses

Cost of Sales \$ _____

Employee Wages \$ _____

Employee Benefits \$ _____

Supplies \$ _____

***Vendor Expenses Total \$**

*** Transfer this amount to Line 717 on FORM:529-7**

ADMINISTRATION and GENERAL EXPENSE INFORMATION

COLUMN A

COLUMN B

Accounting \$ _____
 Automobile \$ _____
 Bad Debt \$ _____
 Bank Charges (Net of Interest) \$ _____
 Business License and Dues \$ _____
 Credit Card Commissions \$ _____
 Courier \$ _____
 Canada Pension Plan \$ _____
 Cash Over and Short \$ _____
 Designated Driver Program \$ _____
 Employment Insurance \$ _____
 Employee Benefits \$ _____
 Equipment Rental and Lease \$ _____
 Garbage \$ _____
 Hotel Supplies \$ _____
 Janitorial Services \$ _____
 Legal Fees \$ _____

Salaries and Wages \$ _____
 Management Fee(s) \$ _____
 Management Wage(s) \$ _____
 Office Supplies \$ _____
 Professional Fees \$ _____
 Employee Transportation \$ _____
 Security \$ _____
 Sign Rentals \$ _____
 Travel and Entertainment \$ _____
 Worker's Compensation \$ _____
 Other (please specify)
 _____ \$ _____
 Other (please specify)
 _____ \$ _____
 Other (please specify)
 _____ \$ _____

TOTAL COLUMN A \$

TOTAL COLUMN B \$

*** TOTAL ADMINISTRATION and GENERAL EXPENSES = COLUMN A + COLUMN B =** \$

*** Transfer this amount to Line 722 on the Hotel/Motel Questionnaire, FORM:529-7**

This information is collected under the authority of The Municipal Assessment Act—Sections 16(1), 16(2). Failure to comply with this request may result in the imposition of penalties as outlined in Sections 53(3), 54(3.1), 54(3.2), 59(6), 60(2.1), 60(2.2) and 64 of The Municipal Assessment Act. Refer to page 2 of 'Instructions for Completing Questionnaires' for the relevant sections of The Municipal Assessment Act that apply. The Assessment and Taxation Department is prevented from the unauthorized disclosure of this and other information under the provisions of Manitoba's Freedom of Information and Protection of Privacy Act.

CERTIFICATION

I hereby certify that all information contained in this statement is true and correct. I understand that the willful making of any false statement of material fact herein will subject me and the property described to the penalties outlined in The Municipal Assessment Act.

 Name of Contact (please print)

 Position

 Signature

 Business Telephone

 E-Mail Address

 Date



HOTEL/MOTEL QUESTIONNAIRE FORM 529-7	12 MONTHS ENDING (mm/dd/yyyy)	DUE DATE: May 2, 2024
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PROPERTY IDENTIFICATION

Roll Number:	Property Group: Hotel
Property Address:	Property Use Code:
Property Owner:	

PROPERTY CHARACTERISTICS	SUMMARY INCOME INFORMATION
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Type of Accommodation

Hotel Motel

Suite/Apartment Hotel Beverage Hotel

Facilities Provided

Dining Room Meeting Room(s)

Coffee Shop Lounge

Gift Shop Bar

Banquet Room (s) Cabaret

Recreational Facilities

Pool Games Room

Waterslide Other (specify) _____

Fitness Area _____

Room Amenities

TV Bar Fridge

Modem/Data Lines/Wireless Internet Mini-Bar

In-Room Pay for TV Movies Room Service Available

Jacuzzi Tub Laundry Service Available

Kitchenette Safety Deposit Box Available

Coffee Maker Fax Service Available

Iron/Ironing Board Other (specify) _____

Hair Dryer _____

Charges Included in Room Rates

Telephone Included Not Included

Parking Included Not Included

Number of Indoor Parking Spaces _____

Number of Outdoor Parking Spaces _____

Canada Select Star Rating (if applicable): _____

Rooms

Total Number of Rooms Available _____ %

Room Summary

Room Type	Single	Double	King Size	Suites
Number of Each				

Overall Occupancy Rate _____ %

Total Number of Occupied Room Nights _____

Average Daily Room Rate \$ _____

VLT Summary (if applicable)

Total Number of VLT's _____

ATM Summary (if applicable)

Total Number of ATM's (owned) _____

Acquisition Cost \$ _____

Total Number of ATM's (leased) _____

Leasing Cost per ATM \$ _____

Lease Term _____ to _____

Operating Expenses \$ _____

Servicing Fees \$ _____

Total Number of ATM transactions (annual) _____

Annual Parking Revenue (if applicable)

Indoor Parking \$ _____

INCOME and EXPENSE INFORMATION	CAPITAL EXPENDITURES SUMMARY																																							
<p style="text-align: center;">Revenue</p> <p>Rooms \$ _____ (701)</p> <p>Food \$ _____ (702)</p> <p>Beverage \$ _____ (703)</p> <p>Banquet/Meeting Rooms \$ _____ (704)</p> <p>Vendor Sales \$ _____ (705)</p> <p>VLT Net Income \$ _____ (706)</p> <p>ATM Net Income \$ _____ (707)</p> <p>Rental Income \$ _____ (708)</p> <p>Parking Income \$ _____ (709)</p> <p>Telephone \$ _____ (710)</p> <p>Other \$ _____ (711)</p> <p>Total Revenue \$ <input style="width: 100px;" type="text"/> (712)</p> <p>Departmental Expenses</p> <p>*Rooms Total \$ _____ (713)</p> <p>*Food Total \$ _____ (714)</p> <p>*Beverage Total \$ _____ (715)</p> <p>*Banquet/Meeting Rooms Total \$ _____ (716)</p> <p>*Vendor Total \$ _____ (717)</p> <p>Telephone \$ _____ (718)</p> <p>Parking \$ _____ (719)</p> <p>Other \$ _____ (720)</p> <p>*Please complete Schedule A</p> <p>Total Departmental Expenses \$ <input style="width: 100px;" type="text"/> (721)</p> <p>Undistributed Operating Expenses</p> <p>*Total Administration General \$ _____ (722)</p> <p>*Please complete Schedule A</p> <p>Advertising, Marketing and Promotions \$ _____ (723)</p> <p>Heat, Light, Power Water \$ _____ (724)</p> <p>Repair and Maintenance \$ _____ (725)</p> <p>Franchise Fees \$ _____ (726)</p> <p>Other Expenses \$ _____ (727)</p> <p>Total Undistributed Operating Expenses \$ <input style="width: 100px;" type="text"/> (728)</p> <p>Fixed Expenses</p> <p>Insurance \$ _____ (729)</p> <p>Other Fixed Expenses \$ _____ (730)</p> <p>Realty Taxes \$ _____ (731)</p> <p>Business Taxes \$ _____ (732)</p> <p>Total Fixed Expenses \$ <input style="width: 100px;" type="text"/> (733)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type</th> <th style="width: 30%;">Incurred</th> <th style="width: 40%;">Date (mm/dd/yyyy)</th> </tr> </thead> <tbody> <tr> <td>Roof</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>Windows</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>Heating (HVAC)</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>Other (specify)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="2" style="text-align: center;">\$ _____</td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">NOTE: Please DO NOT report normal Repair and Maintenance expenses in this section</p> <hr/> <p style="text-align: center;">FURNITURE, FIXTURES and EQUIPMENT (FFE)</p> <p>Estimated Replacement Cost New of FFE \$ _____</p> <p>Annual Rate of Depreciation applied to FFE _____ %</p> <p>Estimated Depreciated Value of FFE \$ _____</p> <p>Total Expenditures for the Replacement of FFE \$ _____</p> <hr/> <p style="text-align: center;">LICENSED CAPACITY</p> <p>Please list the posted capacity (MLCC) of the following facilities where applicable:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Facilities</th> <th style="width: 20%;"># of Rooms</th> <th style="width: 40%;">Capacity (# of patrons)</th> </tr> </thead> <tbody> <tr> <td>Banquet Room(s)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Dining Room(s)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Meeting Room(s)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Beverage Room(s)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Lounge(s)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Cabaret</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <hr/> <p style="text-align: center;">ADDITIONAL INFORMATION</p> <ol style="list-style-type: none"> Have you entered into any lease agreements with other companies or individuals (e.g. gift shops, restaurant etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please attach a copy of the Lease Agreement(s) Is this property operated under the terms and conditions of a Franchise and/or Management Agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please attach a copy of the Franchise and/or Mgmt. Agreement Have you entered into any equipment Rental Agreement(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please attach a copy of the Rental Agreement(s) Has there been a sale (whole or in part) of ownership shares? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please attach a copy of the Sale Agreement 	Type	Incurred	Date (mm/dd/yyyy)	Roof	\$ _____	_____	Windows	\$ _____	_____	Heating (HVAC)	\$ _____	_____	Other (specify)	_____	_____	\$ _____			Facilities	# of Rooms	Capacity (# of patrons)	Banquet Room(s)	_____	_____	Dining Room(s)	_____	_____	Meeting Room(s)	_____	_____	Beverage Room(s)	_____	_____	Lounge(s)	_____	_____	Cabaret	_____	_____
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Business Telephone	E-Mail Address	Date