Assessment and Taxation
Évaluation et taxes

April 8, 2025

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 2024, or with year-end dates closest to April 1, 2025.

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 1, 2025. 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).

Yours truly,

Tim Austin
City Assessor/Director

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

Assessment and Taxation
Évaluation et taxes

le 8 avril 2025

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 2024 ou dont la date de fin d'exercice est plus proche du 1er avril 2025.

Veuillez 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 01 mai 2025. 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).

Veuillez agréer l'expression de mes sentiments les meilleurs.

L'évaluateur de la Ville et directeur du Service,

Tim Austin

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

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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

Reset Form

The City of Winnipeg ASSESSMENT AND TAXATION DEPARTMENT

SCHEDULE A FORM 529-8	12 MONTHS ENDING (mm/dd/yyyy) _____	DUE DATE: May 1, 2025

PROPERTY IDENTIFICATION

Roll Number:

Property Address:

Property Owner:

Property Group: Hotel

Property Use Code:

SUPPLEMENTARY DEPARTMENTAL EXPENSE INFORMATION

Rooms Expenses

Employee Wages $ _____

Employee Benefits $ _____

Supplies $ _____

Other (please specify) _____

***Rooms Expenses Total** $ 0.00

*** 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** $ 0.00

*** 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** $ 0.00

*** 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** $ 0.00

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

Vendor Expenses

Cost of Sales $ _____

Employee Wages $ _____

Employee Benefits $ _____

Supplies $ _____

***Vendor Expenses Total** $ 0.00

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

(continued on back)

ADMINISTRATION and GENERAL EXPENSE INFORMATION

COLUMN A		COLUMN B	
Accounting	$	Salaries and Wages	$
Automobile	$	Management Fee(s)	$
Bad Debt	$	Management Wage(s)	$
Bank Charges (Net of Interest)	$	Office Supplies	$
Business License and Dues	$	Professional Fees	$
Credit Card Commissions	$	Employee Transportation	$
Courier	$	Security	$
Canada Pension Plan	$	Sign Rentals	$
Cash Over and Short	$	Travel and Entertainment	$
Designated Driver Program	$	Worker's Compensation	$
Employment Insurance	$	Other (please specify)	
Employee Benefits	$	_____	$
Equipment Rental and Lease	$	Other (please specify)	
Garbage	$	_____	$
Hotel Supplies	$	Other (please specify)	
Janitorial Services	$	_____	$
Legal Fees	$		
TOTAL COLUMN A	**$** 0.00	**TOTAL COLUMN B**	**$** 0.00

*** TOTAL ADMINISTRATION and GENERAL EXPENSES = COLUMN A + COLUMN B =** **$** 0.00

*** 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 Fredom 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

FOR OFFICE USE ONLY - DATE RECEIVED

The City of Winnipeg ASSESSMENT AND TAXATION DEPARTMENT

HOTEL/MOTELQUESTIONNAIRE FORM 529-7	12 MONTHS ENDING (mm/dd/yyyy) _____	DUE DATE: May 1, 2025

PROPERTY IDENTIFICATION

Roll Number: Property Group: Hotel

Property Address: Property Use Code:

Property Owner:

PROPERTY CHARACTERISTICS

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
- ☐ Room Service Available
- ☐ In-Room Pay for TV Movies
- ☐ Laundry Service Available
- ☐ Jacuzzi Tub
- ☐ Safety Deposit Box Available
- ☐ Kitchenette
- ☐ Fax Service Available
- ☐ Coffee Maker
- ☐ Other (specify)
- ☐ Iron/Ironing Board _____
- ☐ 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): _____

SUMMARY INCOME INFORMATION

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 $ _____

(continued on back)

INCOME and EXPENSE INFORMATION

Revenue

Rooms	$_____	(701)
Food	$_____	(702)
Beverage	$_____	(703)
Banquet/Meeting Rooms	$_____	(704)
Vendor Sales	$_____	(705)
VLT Net Income	$_____	(706)
ATM Net Income	$_____	(707)
Rental Income	$_____	(708)
Parking Income	$_____	(709)
Telephone	$_____	(710)
Other	$_____	(711)
Total Revenue	$ 0.00	(712)

Departmental Expenses

*Rooms Total	$_____	(713)
*Food Total	$_____	(714)
*Beverage Total	$_____	(715)
*Banquet/Meeting Rooms Total	$_____	(716)
*Vendor Total	$_____	(717)
Telephone	$_____	(718)
Parking	$_____	(719)
Other	$_____	(720)

***Please complete Schedule A**

Total Departmental Expenses	$ 0.00	(721)

Undistributed Operating Expenses

*Total Administration _General	$_____	(722)

***Please complete Schedule A**

Advertising, Marketing and Promotions	$_____	(723)
Heat, Light, Power _Water	$_____	(724)
Repair and Maintenance	$_____	(725)
Franchise Fees	$_____	(726)
Other Expenses	$_____	(727)
Total Undistributed Operating Expenses	$ 0.00	(728)

Fixed Expenses

Insurance	$_____	(729)
Other Fixed Expenses	$_____	(730)
Realty Taxes	$_____	(731)
Business Taxes	$_____	(732)
Total Fixed Expenses	$ 0.00	(733)

CAPITAL EXPENDITURES SUMMARY

Type	Incurred	Date (mm/dd/yyyy)
Roof	$_____	_____
Windows	$_____	_____
Heating (HVAC)	$_____	_____
Other (specify)		
_____	$_____	_____

NOTE: Please DO NOT report normal Repair and Maintenance expenses in this section

FURNITURE, FIXTURES and EQUIPMENT (FFE)

Estimated Replacement Cost New of FFE	$_____
Annual Rate of Depreciation applied to FFE	_____%
Estimated Depreciated Value of FFE	$_____
Total Expenditures for the Replacement of FFE	$_____

LICENSED CAPACITY

Please list the posted capacity (MLCC) of the following facilities where applicable:

Facilities	# of Rooms	Capacity (# of patrons)
Banquet Room(s)		
Dining Room(s)		
Meeting Room(s)		
Beverage Room(s)		
Lounge(s)		
Cabaret		

ADDITIONAL INFORMATION

1. Have you entered into any lease agreements with other companies or individuals (e.g. gift shops, restaurant etc.)? ☐ YES ☐ NO
   IF YES, please attach a copy of the Lease Agreement(s)
2. Is this property operated under the terms and conditions of a Franchise and/or Management Agreement? ☐ YES ☐ NO
   IF YES, please attach a copy of the Franchise and/or Mgmt. Agreement
3. Have you entered into any equipment Rental Agreement(s)?
   IF YES, please attach a copy of the Rental Agreement(s) ☐ YES ☐ NO
4. Has there been a sale (whole or in part) of ownership shares?
   IF YES, please attach a copy of the Sale Agreement ☐ YES ☐ NO

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