



CITY OF WINNIPEG
Assessment and Taxation Department
c/o 510 Main Street
Winnipeg, MB R3B 3M2

APPLICATION FOR REFUND

Of the Accommodation Tax

pursuant to By-law No. 70/2008

INSTRUCTIONS:

- Complete this form to apply for a general refund of the Accommodation Tax.
- A refund can only be claimed within one year of payment or remittance of the tax;
- A claim will not be processed if the required documents/information are not supplied.
- **Please complete Parts A, B, C and D, type or print clearly, and submit all required documents.**
- Make a copy of this Application for Refund and any attachments for your records.
- If you require additional information, call our Customer Services Office information line at (204) 986-2161, or contact our Taxation Office at the address above.

P A R T A	CLAIMANT INFORMATION		Roll No.	
	NAME OF CLAIMANT - legal name of individual, corporation or society			
	MAILING ADDRESS		HOME PHONE NO. ()	WORK PHONE NO. ()
	CITY	PROVINCE	POSTAL CODE	FAX NO. if secured to receive tax related information unattended ()
P A R T B	REFUND INFORMATION		Note: A refund can only be paid to the person who actually paid the tax. No refund will be paid to third parties acting on behalf of the claimant. Indicate the amount of accommodation tax you are applying for. Do not include the Federal Goods and Services Tax (GST) or the Provincial Retail Sales Tax (PST) on this application.	
	I am applying for a refund in the amount of: \$			
	Indicate the reason for claiming this refund - See next page for required documents to support your claim			
	If more space is required, please attach a separate sheet			
	Check (✓) the box that applies:		Name/Address of Establishment	Date(s) of Stay Accommodation Tax Paid
	<input type="checkbox"/> Refund to accommodation operator			
	<input type="checkbox"/> Refund to purchaser for medical treatment			
	<input type="checkbox"/> Refund to purchaser for other reasons			
P A R T C	MEDICAL TREATMENT INFORMATION: To be completed by Medical Facility or Physician. In lieu of completing Part C, a letter from the medical facility or physician will be acceptable (see next page).			
	Name of Medical Facility/Physician:			
	Name of Patient receiving treatment/testing:			
	City/Town of Patient (principle residence):			
	Date(s) of treatment/testing:		TO	
	MM/DD/YYYY		MM/DD/YYYY	
	Signature of Facility Representative/Physician:			
P A R T D	CLAIMANT DECLARATION			
	I declare that all information provided on this form and on the attached documents is true and correct to the best of my knowledge and belief. I acknowledge that any false information may result in prosecution, a fine of up to \$50,000 and/or imprisonment for up to six months.			
	NAME - Please type or print	ORGANIZATION POSITION/TITLE	SIGNATURE	DATE SIGNED
				MM DD YYYY

IMPORTANT INFORMATION

Part B - Refund Information

In support of your application, you must provide the following:

- Copies of bills of sale, invoices or receipts showing the names and addresses of the lodging establishments, the date(s) of stay and the amount of accommodation tax paid.
- A list (if the claim contains more than one invoice or receipt) of all names and addresses of the lodging establishments, the date(s) of stay and the amount of accommodation tax paid.
- Any other documents to support the basis of your application (such as copies of credit invoices, lodging invoices showing the date(s) stayed and accommodation taxes paid).

If you are applying for a refund and you are a family member of a person receiving medical treatment or testing, you must provide a copy of a document that shows you do not reside in Winnipeg (such as a driver's license, Health Insurance Card, Utility Bill, Property Tax Bill or any official document showing your name and address) and indicate your relationship to the individual receiving the medical treatment or testing. To complete your application, Part C of this form must also be completed by the medical facility or physician of the individual who has traveled to Winnipeg for treatment and whom you are accompanying.

Part C - Medical Treatment Information

A refund of the Accommodation Tax paid is available to either the individual receiving medical treatment or testing or to family members who may accompany the individual if the following circumstances apply:

- The individual, or where applicable, the individual's family member(s) do not reside in Winnipeg and have purchased temporary accommodation in Winnipeg while the individual is receiving medical treatment or testing at a hospital or seeking specialist medical advice or treatment;

To receive your refund, either have the medical facility or physician complete and sign Part C of this form, or include a copy of a letter from the facility or physician that indicates the date(s) the individual receiving the treatment or testing was in Winnipeg.

To be eligible for a refund, this form must be received by the City of Winnipeg no later than one year from the date the accommodation was purchased.

Mail this form and all required documents to:

**The City of Winnipeg
Assessment and Taxation Department
c/o 510 Main Street
Winnipeg, MB R3B 3M2**