



Municipality of Wawa

Municipal Accommodation Tax Remittance

Municipal Accommodation Tax Overview

On September 3, 2024, Council approved the Municipal Accommodation Tax By-law 3739-24, a by-law to impose a transient municipal accommodation tax within the Municipality of Wawa. The Municipal Accommodation Tax (MAT) was effective as of April 1, 2025, at a rate of 4%. This by-law was then updated to By-Law 3885-26 with changes to the remittance timeframe.

The MAT applies only to the accommodation charge and not associated with 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 Oct 31

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

The Municipality has created a MAT Remittance Form for the collection of payments. This form can be completed online and emailed to ar@wawa.cc along with payment through EFT, or can be printed and dropped off to the Municipal Office at 40 Broadway Ave. and payment may be received through cash, cheque, or debit. Alternatively, a paper copy will also be available at the office.

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

Privacy

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).

MAT Remittance Process

The purpose of this document is to provide background and the administration forms for remitting the Municipal Accommodation Tax using the Municipality of Wawa's fillable PDF form and submitting by email to ar@wawa.cc or by paper copy to the Municipal Office (40 Broadway Ave.)

The fillable PDF document is available on the municipal website by following the link below:

<https://www.wawa.cc/en/business-and-development/mat.aspx>

For more information please contact:

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Accommodation Establishment Information

Adopted Pursuant to By-law 3885-26

Municipal Accommodation Tax

Important: This Accommodation Establishment Information Form must be completed by Providers who operate Accommodation Establishments within the Municipality of Wawa and must be submitted to the Municipality before the latter of:

- (i) 30 days after the Establishment commences operations.

It is the responsibility of the Provider to update and submit to the Municipality within 30 days this form where there are any changes required to the information provided.

Legal Name of Provider:	
Operating Name of Establishment:	
Legal Name of Property Owner:	
Tax Roll Number:	
Property Location:	
Mailing Address (if different):	
Contact Name:	
Contact Phone Number:	
Contact Email:	
Business Number:	
Total Number of Rooms in Establishment:	
Average daily rates for the previous year:	

Name

Position

Authorized Signature

Date

The personal information on this form is requested pursuant to By-law 3885-26 is collected under the authority of the Municipal Act, S.O. 2001



Municipal Accommodation Tax Return

Adopted Pursuant to By-law 3885-26

Municipal Accommodation Tax

Accommodation Establishment Information

Legal Name of Provider:	
Operating Name of Establishment:	
Business Number:	
Property Location:	
Contact Name:	
Contact Email Address:	
Contact Phone Number:	

Reporting Period

To

Month	Day	Year

Month	Day	Year

Municipal Accommodation Tax Calculation

Accommodation Revenue for the above reporting period (if no revenue was earned, enter "NIL" in Box A)	A	
Exemptions (provide explanation in section below)	B	
Adjustments (provide explanation in section below)	C	
Total Accommodation Revenue Subject to Accommodation Tax (A-B-C =D)	D	
Total Amount of Municipal Accommodation Tax Owing (D X 4%)	E	

Explanation of Exemptions, Adjustments, or Tax Remitted on Your Behalf

Please include reason for the exemption, adjustment, or tax remitted on your behalf and to which reporting period the items pertain to. (Attach additional pages as required)

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Claimant Declaration

By affixing my signature below, I certify that the information I provided on this form and any attachments are true, complete and accurate.

Name: _____

Title: _____

Signature: _____

Date: _____