QUARTERLY FILING

TOWN OF AJAX
MUNICIPAL ACCOMMODATION TAX (MAT)
QUARTERLY REMITTANCE FORM

Please fill the form in below and submit it to MAT@ajax.ca

Click to Submit

SECTION 1: IDENTIFICATION	
Legal Name of Accommodation Provider	
Operating Name (if different than above)	
MAT Identification Number (1)	
Address of Accommodation Provider	
Mailing Address (if different than above)	
Contact Name and Title	
Contact Telephone Number	
Contact Email Address	

SECTION 2: REPORTING PERIOD	
For which period are you filing this return? (2)	Quarterly remittances are due 15 days after the end of the period. Example: MAT collected from Jan-Mar is due Apr 15th.
From:	To:
Is this the first period for which you have filed a MAT return?	Yes ○ No ◉
If no, provide the end date of the previous filing:	

SECTION 3: FINANCIAL INFORMATION		
Total Accommodation Revenue for the reporting period (3) (if no revenue was earned, enter "0 in Box A)	A	
Total Exempt from Accommodation Revenue (if any) for the reporting period (4)	B	
Adjustments (if any) (5)	C	
Total Accommodation Revenue subject to MAT	A - B +/- C = D	$ 0.00
Total MAT Payable – current period	D x 5% = E	$ 0.00
Please provide details on adjustments:		
Total number of rooms available during the reporting period:		
Total number of rooms sold during the reporting period:		

SECTION 4: CERTIFICATION	
Name of Authorized Signing Officer	
Signature	
Date	

Please indicate how payment will be made below:

- ◉ Send e-transfer payment to: MAT@ajax.ca (include Identification Number in description)
- ○ Mail Cheque to Town of Ajax (include Identification Number on front of cheque)
- ○ Online Credit Card - https://ipn.paymentus.com/cp/ajtx (2.49% fee will apply)

Notes:

(1) Operators will be assigned a unique MAT ID upon their first filing. If this is your first filing and if you have not been assigned a number please leave blank.
(2) Please enter the first day of the reporting period and the last day of the reporting period. If you are beginning or ending your operation, please indicate the first or last day of operation.
(3) This applies only to room rates. If other fees were charged separately, exclude them from this box.
(4) This applies to all exemptions as listed under section 3 in By-Law #09-2025. Enter reductions as negative amounts.
(5) This applies to canceled rooms where a refund was provided as listed under section 2 in By-Law #09-2025 or a prior period adjustment. Enter reductions as negative amounts and additions as positive amounts.

The information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001. The information will only be used for the purposes of administering the collection of the Municipal Accommodation Tax pursuant to By-Law #09-2025.