



OSOYOOS INDIAN BAND

1155 Sen Pok Chin Boulevard PHONE: 250.498.3444 ~ FAX: 250.498.6577 OLIVER, BC V0H 1T8

SCHEDULE I

ACCOMMODATION TAX RETURN

NOTE:

1. Every operator that is not exempt from the accommodation tax must complete and deliver a Return for each reporting period even if no accommodation tax is payable. Reporting periods are: **Jan 1st – March 31st** (April 1st), **April 1st – Jun 30th** (July 1st), **July 1st- Sept 30th** (Oct 1st), & **Oct 1st-Dec 31st** (Jan 1st).
2. Every operator must complete and deliver a Return and pay all accommodation tax payable within 30 days after the end of the reporting period: **Jan 1st, April 1st, July 1st and October 1st** in order to avoid penalties and interest. For late payments, a penalty of ten percent (10%) will be assessed. Interest accrues on unpaid amounts at a rate of fifteen percent (15%) per year.
3. All accommodation taxes are due and payable no later than thirty (30) days after the end of each reporting period.
4. Payments must be made electronically, or made at the offices of the Osoyoos Indian Band, at 1155 Sen Pok Chin Blvd, Oliver, BC V0H 1T8, by cheque, cash, money order, or bank draft. Cheques, money orders and bank drafts must be made payable to the Osoyoos Indian Band.
5. Payments for unpaid taxes, penalties and interest are past due and must be paid immediately.
6. All Returns are subject to review and reassessment in accordance with the *Osoyoos Indian Band Accommodation Operator Tax Law, 2021*.

OPERATOR NAME: _____

ADDRESS: _____

Reporting period: From _____, 20__ to _____, 20__

Gross revenues during reporting period: \$ _____ (a)

Total taxes payable during reporting period: (a) x 3% = \$ _____

Total amount paid (enclose payment): \$ _____

CERTIFICATION:

For an individual operator:

I hereby certify that the information given in this Return is complete and correct in all respects.

Name:

Signature:

Date signed:

OR

For a corporate operator:

I hereby certify that the information given in this Return is complete and correct in all respects, and that I am an authorized signatory of the operator.

Name and Title:

Signature:

Date signed:



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