

Marketing Levy Remittance Report
THE MUNICIPALITY OF THE COUNTY OF INVERNESS

Reporting Period: From ____/____/____ to ____/____/____
 dd / mm / yy dd / mm / yy

Registrant Information:	
1. Registration Number:	
2. Corporate Name:	
3. Operating Name: (If different from above)	
4. Contact Name:	
5. Telephone Number:	

Remittance Information	
6. Total Room Revenue for Period:	\$
7. (Deduct): Adjustments for Bad Debts and Refund due to Errors:	\$
8. Add: Adjustments to Revenue	\$
9. Adjusted Room Revenue subject to Levy in reporting period:	\$
10. Marketing Levy Collected:	\$
11. Marketing Levy Remitted:	\$
(Amount collected should equal amount remitted. Please explain any variances below.) _____ _____ _____ _____	

Make cheques payable to: **THE MUNICIPALITY OF THE COUNTY OF INVERNESS**

Mail to: Financial Services, Marketing Levy at the above address, Remittances are to be submitted by the 15th day of the month following the collection of the levy.

 Date

 Signature - Authorized Signing Officer