

## Mixed Revenue Income and Expense Information

**Income Year:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

Municipality _____	Contact name _____
Roll number _____	Phone number _____
Civic address _____	Alternate phone number _____
Property name _____	Email _____

### Property Characteristic Information

Please indicate if your property has the following amenities.

	Capacity/Quantity	Annual Revenue
<input type="checkbox"/> Restaurant / Dining Room	_____ seats	\$ _____
<input type="checkbox"/> Beverage Room / Lounge	_____ seats	\$ _____
<input type="checkbox"/> Licensed Patio	_____ seats	\$ _____
<input type="checkbox"/> Vendor		\$ _____
<input type="checkbox"/> Banquet Room(s) / Meeting Room(s)	_____ guests	\$ _____
<input type="checkbox"/> Hotel/Motel Rooms	_____ room(s)	\$ _____
<input type="checkbox"/> Cabin(s)	_____ cabin(s)	\$ _____
<input type="checkbox"/> Campground	_____ site(s)	\$ _____
<input type="checkbox"/> Video Lottery Terminals (VLTs)	_____ VLTs	\$ _____
<input type="checkbox"/> ATM	_____ unit(s)	\$ _____
<input type="checkbox"/> Owner/Manager Suite	_____ bedroom(s)	\$ _____
<input type="checkbox"/> Fuel Station / Convenience Store		\$ _____
<input type="checkbox"/> Boat Rentals		\$ _____
<input type="checkbox"/> Guiding Services / Hunting/Fishing		\$ _____

### Hotel/Motel Room Information

	Single	Double	Suites	Theme room
Number of rooms	_____ rooms	_____ rooms	_____ rooms	_____ rooms
Average room rate	_____ /day	_____ /day	_____ /day	_____ /day
Occupancy	_____ %			

### Cabin Information

Cabin Capacity	Number of Cabins	Peak Season	Rates	
			Off-season	Average
_____ people	_____ cabins	\$ _____ /day	\$ _____ /day	\$ _____ /day
_____ people	_____ cabins	\$ _____ /day	\$ _____ /day	\$ _____ /day
_____ people	_____ cabins	\$ _____ /day	\$ _____ /day	\$ _____ /day
Occupancy	_____ %			

Please email this form along with a copy of your financial statement to

[incomeinfo@gov.mb.ca](mailto:incomeinfo@gov.mb.ca)

### Additional Amenities

Please indicate if your property has the following amenities

- |                                      |                                       |  |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> indoor pool | <input type="checkbox"/> outdoor pool | <input type="checkbox"/> waterslide          |
| <input type="checkbox"/> hot tub     | <input type="checkbox"/> sauna        | <input type="checkbox"/> exercise facilities |

### Leased Area

If you have leased area, please indicate the type of leased area and annual rent.

<u>Tenant name</u>	<u>Area (sq.ft.)</u>	<u>Rent</u>
_____	_____	\$ _____
_____	_____	\$ _____

### Expense Information

#### Management Expenses

If owner-managed, are owner wages reported on the financial statements as *wages* or as *management*?

- |                                |                                     |                 |
|--------------------------------|-------------------------------------|-----------------|
| <input type="checkbox"/> wages | <input type="checkbox"/> management | amount \$ _____ |
|--------------------------------|-------------------------------------|-----------------|

If not owner-managed, is the property managed by an on-site manager or management company?

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> on-site | <input type="checkbox"/> management |
|----------------------------------|-------------------------------------|

Are management fees reported on the financial statements as *wages* or as *management*?

- |                                |                                     |                 |
|--------------------------------|-------------------------------------|-----------------|
| <input type="checkbox"/> wages | <input type="checkbox"/> management | amount \$ _____ |
|--------------------------------|-------------------------------------|-----------------|

#### Capital Expenses

Has the property had any capital improvements in the last year?  yes  no

If yes, please provide a breakdown of capital expenses

	<u>Expenses</u>	<u>Details</u>
Building	\$ _____	_____
Furniture / Equipment	\$ _____	_____

#### Vehicle Expenses

- |  |          |   |          |
|--|----------|---|----------|
| <input type="checkbox"/> shuttle service | \$ _____ | <input type="checkbox"/> pick up and delivery of supplies | \$ _____ |
|--|----------|---|----------|

Please provide a breakdown of vehicle expenses.

Operating costs (maintenance, repair, etc.) \$ \_\_\_\_\_ purchase/lease costs \$ \_\_\_\_\_

### Questions or Comments

#### Certification

I hereby certify that all information contained in this statement is true and correct. I understand that willfully making any false statement of material fact herein will subject the property to the penalties outlined in The Municipal Assessment Act.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Please email this form along with a copy of your financial statement to [incomeinfo@gov.mb.ca](mailto:incomeinfo@gov.mb.ca)