Charity Tax Rebate Application

City of Mississauga, Mississauga Taxes
Tax Rebates and Appeals
300 City Centre Drive, 4th Floor
Mississauga, Ontario L5B 3C1
Tel: 3-1-1 or *905-615-4311
*outside City limits
FAX: 905-615-3972
www.mississauga.ca/tax
Email: tax@mississauga.ca

MISSISSAUGA

The Personal Information on this form is collected under the authority of the *Municipal Act 2001*, so 2001, c. 25 and will be used to process your Charity Rebate Application. Question about the collection of this personal information only should be directed to the Manager, Revenue and Taxation, Revenue and Materiel Management Division, City of Mississauga, 300 City Centre Drive, Mississauga, Ontario, L5B 3C1. Telephone 905-615-3200, ext. 5250. All other enquiries, please call 3-1-1 or 905-615-4311 (outside City limits).

For Registered Charities Occupying Commercial and/or Industrial Property

Your form must be <u>received</u> at the tax office by the last day of February of the year following the taxation year to which the application relates.

Calendar Year Rebate Applies

Name of Registered Charity

Address for which Rebate Applies

Unit(s)

Postal Code

Contact Name

Contact Phone No.

Contact Email Address

Length of Occupancy at Present Address

Charity's Mailing Address

Postal Code

Canada Customs and Revenue Agency Registration/Business No.

Landlord Declaration (to be completed by the Landlord)

Registered Owner/Company Name (print)

Property Tax Roll Number

2 1 - - - - - - - - - 0 0 0 0

Property Class for Property Occupied by the Charity

☐ Commercial ☐ Industrial

Total Annual Property Taxes Paid $

Total Property Taxes Paid by Charity (do not include GST) $

Charity Proportionate Share of Rentable Space of Property %

*** Please note: If Charity's length of occupancy at present address is less than one (1) year, complete below:**

From (YYYY MM DD)

To (YYYY MM DD)

I, the undersigned hereby certify that the information is true and complete.

Landlord or Property Manager Name (print)

Signature of Landlord or Property Manager

Date (YYYY MM DD)

Contact Telephone No.

Contact Email Address

Charity Declaration (to be completed by the Charity)

I, the undersigned hereby certify that the information is true and complete to the best of my knowledge and belief.

Name of Authorized Officer (print)

Title of Authorized Officer

Signature of Authorized Officer

Contact Email Address

Contact Phone No.

Date (YYYY MM DD)

For Office Use Only

Tax Roll No.

Due Date (YYYY MM DD)

Verification of Property Commercial or Industrial ☐ Yes ☐ No

Verification of Registered Charity Status ☐ Yes ☐ No

Total Annual Property Taxes $

Paid by Charity $

Rebate Entitlement (40%) $

Recalculation $

Balance Payable (Recoverable) $

Vacancy ☐ Yes ☐ No

Appeal(s) ☐ Yes ☐ No If yes, year(s)

Completed By

Date (YYYY MM DD)