

# Charity Tax Rebate Application

City of Mississauga  
Finance Division  
300 City Centre Drive  
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



Personal information on this form is collected under the authority of *Municipal Act 2001*, SO 2001, c.25 and will be used to process your Charity Rebate Application. Questions about the collection of this personal information should be directed to the Customer Service Advisor at the City's Citizen Contact Centre. Email: Public.Info@mississauga.ca or Telephone: 311 (905-615-4311 outside City limits).

## For Registered Charities Occupying Commercial and/or Industrial Property

Your form must be **received** 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		
<input type="text"/>	<input type="text"/>		
Address for which Rebate Applies		Unit(s)	Postal Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Contact Name	Contact Phone No.	Contact Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Length of Occupancy at Present Address	Charity's Mailing Address		Postal Code
<input type="text"/>	<input type="text"/>		<input type="text"/>
Canada Customs and Revenue Agency Registration/Business No.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Landlord Declaration (to be completed by the Landlord)

Registered Owner/Company Name (print)	
<input type="text"/>	
Property Tax Roll Number	Property Class for Property Occupied by the Charity
2 1 - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - 0 0 0 0	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial
Total Annual Property Taxes Paid	\$ <input type="text"/>
Total Property Taxes Paid by Charity (do not include GST)	\$ <input type="text"/>
Charity Proportionate Share of Rentable Space of Property	<input type="text"/> %

**\* 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)
<input type="text"/>	<input type="text"/>

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Telephone No.	Contact Email Address	
<input type="text"/>	<input type="text"/>	

### 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Email Address	Contact Phone No.	Date (YYYY MM DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>

### For Office Use Only

Tax Roll No.	Due Date (YYYY MM DD)	
<input type="text"/>	<input type="text"/>	
Verification of Property Commercial or Industrial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verification of Registered Charity Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Annual Property Taxes	\$	<input type="text"/>
Paid by Charity	\$	<input type="text"/>
Rebate Entitlement (40%)	\$	<input type="text"/>
Recalculation	\$	<input type="text"/>
Balance Payable (Recoverable)	\$	<input type="text"/>
Vacancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Appeal(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, year(s) <input type="text"/>
Completed By	Date (YYYY MM DD)	<input type="text"/>
<input type="text"/>	<input type="text"/>	