

Information Return for Accommodation Platform Operators

Act respecting the Québec sales tax

This return is for every person that is registered for the QST (or is required to be) at any point in a calendar year and operates an accommodation platform used to make supplies of short-term accommodations in Québec. It is used to report information about the supplies made using the platform during the year.

Filing deadline

This form must be filed no later than six months following the end of the calendar year during which the supplies were made using the platform.

Filing the return

The return must be filed:

- using the secure file transfer service on the Infrastructures technologiques Québec website at rq.psd.gouv.qc.ca; or
- by secure email¹ (write to Support-SINR@revenuquebec.ca for instructions on how to register for our secure messaging service).

1 Information about the platform operator

| | | | |
|--|--|--|--|
| Identification number | File | Québec enterprise number (NEQ) | QST registration number (if applicable) |
| <input style="width: 95%;" type="text"/> | T Q | <input style="width: 95%;" type="text"/> | N R |
| Last name and first name (individual) or name (entity) | | | Area code Telephone |
| <input style="width: 95%;" type="text"/> | | | <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> |
| Apartment number | Street number | Street name, P.O. box | |
| <input style="width: 10%;" type="text"/> | <input style="width: 10%;" type="text"/> | <input style="width: 80%;" type="text"/> | |
| City, town or municipality | | | Country Province Postal code |
| <input style="width: 95%;" type="text"/> | | | <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> |

2 Information about the platform

| | | | |
|--|--|--|--|
| Name | <input style="width: 95%;" type="text"/> | | |
| URL | <input style="width: 95%;" type="text"/> | | |
| Address | | | |
| Apartment number | Street number | Street name, P.O. box | |
| <input style="width: 10%;" type="text"/> | <input style="width: 10%;" type="text"/> | <input style="width: 80%;" type="text"/> | |
| City, town or municipality | | | Country Province Postal code |
| <input style="width: 95%;" type="text"/> | | | <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> |

3 Calendar year covered by the return

Calendar year covered by the return

Y Y Y Y

1. The maximum file size is 10 MB. Accepted file formats are XSL, XSLX and CSV.

4 Information about the supplies made using the platform

| | |
|---|----------------------|
| Number of suppliers that made supplies using the platform | <input type="text"/> |
| Total taxable supplies made using the platform | <input type="text"/> |
| Total QST collected by the platform operator on the supplies | <input type="text"/> |
| Total tax on lodging collected by the platform operator on the supplies | <input type="text"/> |
| Total commissions collected by the platform operator | <input type="text"/> |

In the table below, enter the required information about each accommodation unit rented using the platform. If you need more space, attach a separate sheet with the required information. You can also send the information in an XLS, XSLX or CSV file (maximum 10 MB).

| | Address of the rented accommodation unit | Accommodation establishment number | Supplier's name | Supplier's address |
|---|--|------------------------------------|-----------------|--------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |

| | QST number (if applicable) | Amount of supplies of short-term accommodations in Québec | Service charges related to supplies of short-term accommodations in Québec | Commissions collected by the platform operator | QST collected by the platform operator | Tax on lodging collected by the platform operator |
|---|----------------------------|---|--|--|--|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |

5 Certification

I certify that the information in this form is accurate and complete.

| | |
|--|-----------|
| _____ | _____ |
| First and last name of operator or authorized person | Signature |
| _____ | _____ |
| Title or position of authorized person (if applicable) | Date |