

Your Home...
Your Castle



PROPERTY AND BUSINESS TAXES

APPLICATION FOR TAX INSTALMENT PAYMENT PLAN (T.I.P.P.)

T.I.P.P. PHONE: (204) 986-2161 - FAX: (204) 986-3220

PLEASE PRINT

To Enrol on T.I.P.P. for **Property Taxes** only, please complete Sections 1, 2 & 5:

1.	ROLL NUMBER	LOCATION ADDRESS		POSTAL CODE
	APPLICANT(S) NAME Surname	Given Name	BUSINESS TELEPHONE	HOME TELEPHONE
	APPLICANT(S) NAME Surname	Given Name	BUSINESS TELEPHONE	HOME TELEPHONE
	APPLICANT(S) ADDRESS (IF DIFFERENT THAN THE LOCATION ADDRESS)			POSTAL CODE
	NAME OF FINANCIAL INSTITUTION (FOR T.I.P.P. DEBIT)		ACCOUNT NUMBER (INCLUDE TRANSIT NUMBER)	
	BRANCH ADDRESS			

2. Please indicate the month in which your payments will commence and the number of monthly instalment periods over which your payment will be applied within the calendar year. For Realty Taxes, instalment periods can vary between 7 and 12 months.

Starting Month _____ Number of Months _____

To Enrol on T.I.P.P. for **Business Taxes** only, please complete Sections 3, 4 & 5:

3.	BUSINESS TAX ROLL NUMBER	LOCATION ADDRESS		POSTAL CODE
	BUSINESS NAME		TELEPHONE	FAX NUMBER
	TAXABLE PARTY (PROPRIETOR, PARTNERS OR CORPORATE NAME)			
	MAILING ADDRESS (IF DIFFERENT THAN THE LOCATION ADDRESS)			POSTAL CODE
	NAME OF FINANCIAL INSTITUTION (FOR T.I.P.P. DEBIT)		ACCOUNT NUMBER (INCLUDE TRANSIT NUMBER)	
	BRANCH ADDRESS			

4. Please indicate the month in which your payments will commence and the number of monthly instalment periods over which your payment will be applied within the calendar year. For Business Taxes, instalment periods can vary between 6 and 10 months.

Starting Month _____ Number of Months _____

I/We the applicant(s) authorize my/our above named financial institution to electronically debit my/our account for the monthly tax instalment payment payable to The City of Winnipeg on the first day of each month as payment in part of the taxes for the above named property. The treatment of each payment shall be the same as if the undersigned had personally issued a cheque.

I/We acknowledge the right of The City of Winnipeg to cancel my/our participation in the payment plan if any debits are not honoured by the participant's financial institution. Unpaid taxes as of the date of termination of participation in the plan are subject to penalties as per the penalty by-law.

I/We acknowledge there may be adjustments in the amount of the monthly payment on June 1st for Business Taxes and on July 1st for Property Taxes each year as a result of The City of Winnipeg's annual tax levy.

I/We agree to provide two weeks written notification if I/we change bank information, sell the property, or wish to cancel participation in the plan for any reason.

PLEASE ATTACH A SAMPLE CHEQUE MARKED VOID TO THIS APPLICATION.

RETURN BOTH ITEMS TO: THE CITY OF WINNIPEG • TAX BRANCH • 510 MAIN STREET • WINNIPEG • MB • R3B 3M2

CONDITIONS AS STATED ON THE CITY OF WINNIPEG INTERNET PAGE: http://www.winnipeg.ca/finance/tipp_application.stm

AUTHORIZED SIGNATORS OF THE ABOVE ACCOUNT **MUST SIGN** THIS APPLICATION

5.	APPLICANT'S SIGNATURE	DATE	YYYY	MM	DD
	SECOND SIGNATURE (IF REQUIRED)				