



(651) 450-2500

8150 Barbara Avenue, Inver Grove Heights, MN

LODGING TAX RETURN

Month Ending _____ Year _____

Hotel/Motel Name _____ Phone Number: () _____

Address: _____ State Sale & Use Tax Account

Inver Grove Heights, MN _____ Account Number: _____

- 1. Gross Monthly Lodging Receipts \$ _____
- 2. Less: Exceptions/Exemptions (_____)
- 3. Less: Lodging Bad Debts (_____)
- 4. Plus: Collected Bad Debts _____
- 5. Net Receipts _____
- 6. Tax Percentage _____ X .03%
- 7. Tax Due _____
- 8. Penalty & Interest (If Due) _____
- 9. **TOTAL AMOUNT DUE** \$ _____

I declare under penalty of law that I have examined this statement and that to the best of my knowledge and belief it is true and correct.

Make Checks Payable to:
CITY OF INVER GROVE HEIGHTS

Mail to: **City of Inver Grove Heights**
8150 Barbara Avenue
Inver Grove Heights, MN 55077

Authorized Signature _____

Printed Name _____

Title _____ Date _____

Email address _____

WHEN TO FILE: Taxes shall be paid to the City not later than 25 days after the end of the month in which they were collected. If any tax payment is not made within the time specified, or an extension thereof; a specific penalty equal to ten percent (10%) of the amount remaining unpaid shall be added. The amount of tax not paid, together with any penalty imposed, shall bear interest at the rate of eight percent (8%) per annum from the time such tax should have been paid until paid. Any interest and penalty shall be added to the tax and collected as part thereof.

CITY USE:	Date Rec'd _____	Rec. No. _____	Amount _____	Account Code: LT
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