



**Finance Department**

Room 120  
411 West First Street  
Duluth, Minnesota 55802

218-730-5350

wparson@duluthmn.gov

## PULL TAB / GAMBLING TAX RETURN

Remit To: City Treasurer, 411 West First Street, Room 120 City Hall, Duluth, MN 55802

**Organization Name:** \_\_\_\_\_

**Permit #:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Return Period:** \_\_\_\_\_

**Return By:** \_\_\_\_\_

(All Numbers From G-1, Schedule A, State of Minnesota)

**\* 5 PERCENT FACILITY FEE FOR DULUTH LOCATIONS ONLY (Net Income: All Types)\***

	COLUMN 1	COLUMN 2
1 Total Net Receipts for Duluth Locations	1 _____	
2 Allowable Expenses	2 _____	
3 Taxes Paid & Other from Sched C/D Duluth Only	3 _____	
4 Net Profits (1 Less 2 & 3)	4 _____	
5 Facility Fees (0.05 x Line 4 -- if less than 0, enter 0)		5 _____

**\* 1 PERCENT TAX - PULLTABS ONLY\***

6 Gross (St. Form LG100A, Column A #1 + #2)	6 _____	
7 Prizes (St. Form LG100A, Column B #1 + #2)	7 _____	
8 Net (St. Form LG100A, Column C #1 + #2)	8 _____	
9 Tax (0.01 x Line 8)		9 _____

**10 Total Amount Paid (Sum of Column 2)** **10** \_\_\_\_\_

Please attach all copies of your completed Minnesota Monthly Gambling Tax Return. Please note that payment is due and your return must be filed by the 25<sup>th</sup> of the month following the month of sales.

Penalty and interest will be assessed for late payments and returns.

I hereby certify that the above stated facts and figures are true and correct to the best of my knowledge and belief.

**Gambling Manager:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Phone:** \_\_\_\_\_