



City of Duluth
City Treasurer

411 West First Street • Room 105 • Duluth, Minnesota • 55802
218-730-5350 • Fax: 218-730-5917

An Equal Opportunity Employer

PULL TAB / GAMBLING TAX RETURN

Remit To: City Treasurer, 411 West First Street, Room 105 City Hall, Duluth, MN 55802

Organization Name: _____
Organization Number: _____
Site: _____

Permit Number: _____
Return Period: _____
Return By: _____

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

* 3 Percent Tax - Pulltabs Only *

- 1) Gross (St. Schedule A #8 + #9 Column A) 1) _____
- 2) Prizes (St. Schedule A #8 + #9 Column B) 2) _____
- 3) Net (St. Schedule A #8 + #9 Column C) 3) _____
- 4) Tax (.03 x Line 3) 4) _____

* 5 Percent Facility Fee (Net Income: All Types) *

- 5) Total (St. Form G-1 #10 Column C) 5) _____
- 6) Expenses (St. Form G-1 #22) 6) _____
- 7) Tax/Other (St. Form G-1 #19 + Sch. C/D Duluth Only) 7) _____
- 8) Net Profits (5 Less 6 & 7) 8) _____
- 9) Facility Fee (.05 x Line 8) (If less than 0, enter 0) 9) _____
- 10) Total Amount Paid (Line 4 + Line 9) 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 25th of the month following the month of the 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 _____