City of Duluth

City Treasurer

411 West First Street • Room 120 • Duluth, Minnesota • 55802-1190

Telephone: 218-730-5350 • Fax: 218-730-5917 • www.duluthmn.gov

An Equal Opportunity Employer

TOURISM TAX RETURN FORM

Food & Beverage

NOTES:

1. No sales? Write NONE on #1, sign and return.
2. Out of business? Write last day, sign and return: _____
3. Deductions are allowed for non-taxable sales only. Business expenses are NOT allowable deductions.
4. Avoid penalty, file your return prior to the 20th of the month following the close of the period. There is a minimum penalty of $10.00 plus interest for late filing.
5. Make checks payable to **City of Duluth** and remit to the above address.

ORGANIZATION NAME AND ADDRESS:	Permit Number
	Period of Return
	Date Due
REPORTING LOCATION:	

I hereby declare under the penalties of criminal liability for willfully making a false return, that this return has been examined by me and to the best of my knowledge and belief is true and complete for the period stated.

SIGNATURE: _____ DATE: _____

TITLE: _____ PHONE: _____

1	Gross Sales	*
2	Deductions	*
3	Net Sales (Line 1 Minus Line 2)	
4	Purchases Subject To Use Tax	Report to State of MN
5	1.5% Sales Tax (1.5% of Line 3)	Paid to State of MN
6	Add'l Tax (2.25% F/B; 2.5% H/M)	
7	3% H/M Excise (3% of Line 3)	
8	1.5% Use Tax (1.5% of Line 4)	Paid to State of MN
9	Total Tax Due (Lines 6+7)	*
10	A. Penalty	
	B. Interest	
	C. Adjustment(s)	
11	Total Amount Remitted	*

Cut here, retain bottom copy for your records.

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