



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 25th 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: _____