

CITY OF HASTINGS, MINNESOTA

LODGING TAX RETURN

Pursuant to Ordinance 382

Name of Hotel/Motel: _____ Telephone: _____

Address: _____ State Sales & Use Tax Account

Number: _____

Reporting Period: _____ to _____

1. Gross Monthly Lodging Receipts.....	\$	
2. Less Exceptions and Exemptions.....	\$	
3. Less Lodging Bad Debts.....	\$	
4. Plus Collected Bad Debts.....	\$	
5. Net Receipts.....	\$	
6. Lodging Tax Due (Line 5 x .03).....	\$	
7. Penalty and Interest (If Due).....	\$	
8. Total Amount Due.....	\$	

9. Make checks payable for amount in Line 8 to: **City of Hastings**

10. Mail or deliver to: **City of Hastings
Finance Department
101 East 4th Street
Hastings, MN 55033**

***Note:** Payments must be made no later than 25 days after end of month in which taxes are collected.

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 complete.

Authorized Signature: _____

Title: _____ Date: _____