

LAKE OF THE WOODS COUNTY LODGING TAX RETURN

BUSINESS NAME & ADDRESS: _____

PERIOD OF RETURN: _____ DATE DUE: _____

- | | |
|--------------------------------------------------------------------|----------|
| 1. GENERAL RATE & LIQUOR SALES
FROM LINE 100 & 110 MN FORM ST-1 | \$_____. |
| 2. LESS NON-LODGING SALES | \$_____. |
| 3. NET TAXABLE LODGING SALES | \$_____. |
| 4. LODGING TAX (3% OF LINE 3) | \$_____. |
| 5. ADJUSTMENTS – ATTACH EXPLANATION | \$_____. |
| 6. TOTAL AMOUNT DUE | \$_____. |

DATE

SIGNATURE

TITLE

MAKE CHECK PAYABLE TO: LAKE OF THE WOODS COUNTY LODGING TAX

MAIL TO: LAKE OF THE WOODS COUNTY AUDITOR
P.O. BOX 808
BAUDETTE, MN 56623