CITY OF BLOOMINGTON MINNESOTA

2015 Local Sales Tax Return

These taxes are mandated by Bloomington City Code, Chapter 4

*Checks payable to the "City of Bloomington." Mail **two** copies to the Accounting Division at the address below. Payments can also be made by ACH credit. Please e-mail llatax@BloomingtonMN.gov or call 952-563-4763 for instructions.*

Establishment Name
(Not Corporate Name)

Mailing Address: *Street*			Minnesota Sales Tax Account Number (7 Digits)
City	*State*	*Zip*	
	Period End Date / /		Due Date / /

*Your return **must** be postmarked by the 20th or received in our office by the 25th day of your City approved accounting period.*

LIQUOR TAX				
1	Total Taxable Liquor Sales		**LIQUOR TAX**	
2	Liquor Tax Due *Line 1 **X** 3%.*			4300-41402(06)
LODGING TAX			**LODGING TAX**	
3	Gross Lodging Sales			4300-41403(60)
4	Less: Exclusions *Written leases for 30 days or more and other tax exempt lodgings per City Code.*			1001-41403(61)
5	Total Taxable Lodging Sales *Line 3 - Line 4.*			8150-20299(65)
6	Lodging Tax Due *Line 5 **X** 7%.*			
ADMISSION TAX			**ADMISSION TAX**	
7	Total Taxable Admission Sales			
8	Admission Tax Due *Line 7 **X** 3%.*			1001-41401 (62)
TOTAL TAXES, PENALTIES AND INTEREST			Notes:	
9	TOTAL LOCAL TAXES DUE *Line 2 + Line 6 + Line 8.*			
10	5% Penalty *If payment is not made by date due, Line 9 **X** 5%.*			
11	10% Penalty *If payment is not made within 30 days after date due, (Line 9 + Line 10) **X** 10%.*			
12	5% Interest *If payment is not made by date due, (Line 9 + Line 10 + Line 11) **X** 5% **X** (Days past date due ÷ 360).*		**PENALTIES AND INTEREST**	
13	Total Penalties and Interest *Line 10 + Line 11 + Line 12.*			1001-41404 (63)
14	TOTAL AMOUNT DUE *Line 9 + Line 13.*			

I declare and certify 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.

Signature _____ Title *(Print)* _____

Name of Preparer *(Print)* _____ Date _____

Phone _____ E-mail _____

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