

CITY OF WABASHA, MINNESOTA

LODGING TAX REPORT

Pursuant to Ordinance #619

Due by the 20th of Each Month

Reporting Month

Business Name

Address

Telephone #

Line 1. Enter amount determined to be rent charges, subject to lodging tax _____

Line 2. Less uncollectible rental charges upon previously collected tax _____

Line 3. Subtract Line 2 from Line 1 _____

Line 4. Enter 3% lodging tax rate _____

Line 5. Multiply Line 3 by Line 4, equals total lodging tax _____

Please remit payment of lodging tax as determined on Line 4, payable to City of Wabasha and remit to:

City of Wabasha
900 Hiawatha Drive East
P.O. Box 268
Wabasha, MN 55981

Questions call 565-4568.

I hereby certify, as duly authorized agent, that the above information is true and correct.

_____, 20_____
(Authorized Signature) (Date)