

**City of Thief River Falls
3% Lodging Tax
City Code Section 110.30**

FIRM NAME _____ FOR MONTH OF _____

This form needs to be completed monthly and returned to the City Administrator's Office by the 25th of the month following collection of the 3% lodging tax.

1. Gross Sleeping Room Revenue for the Month: \$ _____
2. Deductions (i.e., Rentals of 30 days or more): \$ _____
3. Net Room Revenue: \$ _____
4. 3% of Line 3. This amount is to be remitted by \$ _____
the 25th of each month.

TOTAL REMITTED \$ _____

*** Penalty, if any is provided for in City Code Section 110.30,

Date Submitted

Signature of Person Preparing Form

Please send this completed form to: City Administrator's Office
P.O. Box 528
Thief River Falls, MN 56701

Note: The above information being requested is required for the City of Thief River Falls to administer the Lodging Tax Program. Failure to provide the above information may result in legal action by the City. The information received is considered non-public and shall not be released unless authorized by law or upon written consent.