



# 2020 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 [llatex@BloomingtonMN.gov](mailto:llatex@BloomingtonMN.gov) or call 952-563-4763 for instructions.

Establishment Name (Not Corporate Name)		Minnesota Sales Tax Account Number (7 Digits)	
Mailing Address:	Street		
City	State	Zip	
Minnesota Sales Tax	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		LIQUOR TAX
<b>1</b>	Total Taxable Liquor Sales	
<b>2</b>	Liquor Tax Due <i>Line 1 X 3%.</i>	4300-41402(06)
LODGING TAX		LODGING TAX
<b>3</b>	Gross Lodging Sales	4300-41403(60)
<b>4</b>	Less: Exclusions <i>Written leases for 30 days or more and other tax exempt lodgings per City Code.</i>	1001-41403(61)
<b>5</b>	Total Taxable Lodging Sales <i>Line 3 - Line 4.</i>	8150-20299(65)
<b>6</b>	Lodging Tax Due <i>Line 5 X 7%.</i>	
<b>7</b>	Informational Only: Lodging Sales by 3rd Party Intermediary (Expedia, Priceline, etc)	
ADMISSION TAX		ADMISSION TAX
<b>8</b>	Total Taxable Admission Sales	
<b>9</b>	Admission Tax Due <i>Line 8 X 3%.</i>	1001-41401 (62)
TOTAL TAXES, PENALTIES AND INTEREST		Notes:
<b>10</b>	TOTAL LOCAL TAXES DUE <i>Line 2 + Line 6 + Line 9.</i>	
<b>11</b>	5% Penalty <i>If payment is not made by date due, Line 10 X 5%.</i>	
<b>12</b>	10% Penalty <i>If payment is not made within 30 days after date due, (Line 10 + Line 11) X 10%.</i>	
<b>13</b>	5% Interest <i>If payment is not made by date due, (Line 10 + Line 11 + Line 12) X 5% X (Days past date due ÷ 360).</i>	
		PENALTIES AND INTEREST
<b>14</b>	Total Penalties and Interest <i>Line 11 + Line 12 + Line 13.</i>	1001-41404 (63)
<b>15</b>	TOTAL AMOUNT DUE <i>Line 10 + Line 14.</i>	

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 \_\_\_\_\_