

**City of Albert Lea  
Minnesota  
LODGING TAX RETURN**

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Hotel / Motel Name \_\_\_\_\_

Address \_\_\_\_\_

Albert Lea, MN 56007

Report for the month of \_\_\_\_\_, \_\_\_\_\_

Sales and Use Tax Account No. \_\_\_\_\_

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1. Gross rent collected for lodging	\$ _____
2. Less: uncollectable rent from previous returns	\$ _____
3. Net rent subject to tax	\$ _____
4. Tax due (3% of line 3)	\$ _____
5. Penalty and interest (if due)	\$ _____
6. Total amount due	\$ _____

Make checks payable to: **City of Albert Lea**  
Mail to: **221 Clark Street East**  
**Albert Lea, MN 56007**  
**(507) 377-4306**

**PAYMENT DUE BY 25<sup>TH</sup> OF EACH MONTH**

*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 \_\_\_\_\_ Date \_\_\_\_\_