



Return completed form to:

**Finance Department**

**City of Albert Lea**

221 E. Clark St., Albert Lea, MN

56007 507-377-4330

finance@ci.albertlea.mn.us

**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) 377-4300**

**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 \_\_\_\_\_