



420 N. Pokegama Ave
Grand Rapids, MN 55744
(218)326-7600
(218)326-7608 Fax

City of Grand Rapids

Motel / Hotel Lodging Tax Form

Report for the month of: _____, _____
Due Date: _____ (25th of month following collection)
Name of Motel/Hotel: _____
Address: _____
State Sales Tax Account Number: _____

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1. Gross monthly receipts of rent collected for lodging _____
 2. Less: Amount of uncollectable rental charges which tax has been
previously imposed _____
 3. Balance due subject to tax _____
 4. Tax due, 3% of line 3 above _____
 5. Penalty and interest (if due) _____
 6. Total amount due (Lines 4 and 5) _____

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 correct.

Signature _____ Title _____
Date _____

Make checks payable to: City of Grand Rapids

Mail to: City of Grand Rapids
Attn: Finance Department
420 North Pokegama Avenue
Grand Rapids, MN 55744