



CITY OF ST. JOSEPH

Local Lodging Tax Return

This tax is mandated by the City of St. Joseph Ordinance #610

APPLICANT INFORMATION:

Establishment Name: _____

Address: _____
Street City State Zip

Reporting Period: _____ Due Date: _____
Reporting period is one month in a calendar year The due date is 25 days following the end of the calendar month

LODGING TAX			
1	Gross Lodging Sales		
2	Less: Exclusions <i>Written leases for 30 days or more and other tax exempt lodgings per City Code</i>		
3	Less: Lodging Bad Debts		
4	Plus: Collected Bad Debts		
5	Total Taxable Lodging Sales <i>Line 1 - Line 2 - Line 3 + Line 4</i>		
6	Lodging Tax Due <i>Line 5 X 3%</i>		
PENALTY AND INTEREST (IF APPLICABLE)			
7	Penalty <i>If payment is not made by the due date, Line 6 X 5%</i>		
8	Interest <i>If payment is not made by due date, (Line 6 + Line 7) X 7% ÷ 365 X Days past due</i>		
9	Total Penalty and Interest Due <i>Line 7 + Line 8</i>		
TOTAL LODGING TAX, PENALTY AND INTEREST			
10	TOTAL AMOUNT DUE <i>Line 6 + Line 9</i>		Please make check payable to City of St. Joseph

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(s): _____ Title: _____

Printed Name : _____ Date: _____

Phone: _____ Email: _____

Please make check payable to the "City of St. Joseph"
Submit this form along with a check for the amount due (Line 10) to the address below.

City of St. Joseph
75 Callaway St E
St. Joseph, MN 56374

Phone: 320-363-7201
Fax: 320-363-0342
Email: lbartlett@cityofstjoseph.com