AGGREGATE REMOVAL TAX REPORTING FORM

(Please type or print)

1. **Name of Operator:** ____________________________________________________________

2. **Address:** __________________________________________________________________

3. Reporting period covered by this report (check one).
   - [ ] January 1 – March 31, 20 _______
   - [ ] April 1 – June 30, 20 _______
   - [ ] July 1 – September 30, 20 _______
   - [ ] October 1 – December 31, 20 _______

(Please complete the following schedule. Use additional sheets if necessary and attach to this form.)

<table>
<thead>
<tr>
<th>Name or location of pit from which aggregate was removed</th>
<th>Legal Description Section/Twnshp/Range</th>
<th>Owner of Pit</th>
<th>Total cubic yards or tons removed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete line 4 and/or line 5:

4. Total number of cubic yards of aggregate removed during this reporting period:

   ________________ cubic yards X $.215 = ______________________.

   **Amount of Tax**

5. Total number of tons of aggregate removed during this reporting period:

   ________________ tons X $.15 = _________________________.

   **Amount of Tax**

6. PLEASE REMIT TAX ALONG WITH THIS FORM. If you have any questions, please call (218) 846-7311.

As required by Minnesota Statute 298.75, I declare that I have prepared or have examined this reporting form and, to the best of my knowledge and belief, this report is true and complete.

________________________________________________________________________

Signature

________________________________________________________________________

Title

Mail this form and your remittance to:  
**Becker County Auditor-Treasurer**  
915 Lake Avenue  
Detroit Lakes, MN  56501