

BECKER COUNTY AUDITOR-TREASURER
(218) 846-7311
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.)

Name or location of pit from which aggregate was removed	Legal Description Section/Twnshp/Range	Owner of Pit	Total cubic yards or tons removed

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