

DIANE ARNOLD
SHERBURNE COUNTY AUDITOR/TREASURER
 13880 BUSINESS CENTER DR NW
 ELK RIVER, MINNESOTA 55330-1692
 (763) 765-4351 OR 1-800-438-0576

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____ **Due by April 14th**
 _____ April 1 - June 30, 20____ **Due by July 14th**
 _____ July 1 - September 30, 20____ **Due by October 14th**
 _____ October 1 - December 31, 20____ **Due by January 14th**

SCHEDULE A

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

Name or Location of pit, quarry or deposit from which aggregate was removed (include property ID or parcel number):	Owner of pit, quarry or deposit:	Total cubic yards/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. If any of the aggregate removed and reported above was shipped directly from the extraction site to a waterway, railway or other mode of transportation other than a highway, road or street, complete Schedule B.

SCHEDULE B

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

Name or Location of pit, quarry or deposit from which aggregate was removed (include property ID or parcel number):	Total cubic yards/tons removed:	Mode of Transportation:	County of original destination:

7. PLEASE REMIT TAX ALONG WITH THIS FORM.

Under penalties of perjury, I declare that I have prepared or have examined this reporting form, including accompanying schedules and statements, and to the best of my knowledge and belief this report is true and complete.

Date

Signature

Title

Mail this form and your remittance to:

Sherburne County Auditor/Treasurer
13880 Business Center Dr NW
Elk River, MN 55330-1692

Fax (763) 765-4400