2024 Local Sales Tax Return

CITY OF **BLOOMINGTON** MINNESOTA

These taxes are mandated by Bloomington City Code, Chapter 4

*Checks payable to the "City of Bloomington." Mail **two** copies to the Accounting Division at the address below.*
Payments can also be made by ACH credit. Please e-mail llatax@BloomingtonMN.gov or call 952-563-4763 for instructions.

Establishment Name
(Not Corporate Name)

Mailing Address:	*Street*		Minnesota Sales Tax Account Number (7 Digits)							

City	*State*	*Zip*								

Minnesota Sales Tax	Period End Date / /	Due Date / /

*Your return **must** be postmarked by the 20th or received in our office by the 25th day of your City approved accounting period.*

	LIQUOR TAX		**LIQUOR TAX**
1	Total Taxable Liquor Sales		
2	Liquor Tax Due *Line 1 **X** 3%.*		4300-41402(06)

	LODGING TAX		**LODGING TAX**
3	Gross Lodging Sales		4300-41403(FN66)
4	Less: Exclusions *Written leases for 30 days or more and other tax exempt lodgings per City Code.*		1001-41403(FN66)
5	Total Taxable Lodging Sales *Line 3 - Line 4.*		1001-20298-BCVB(FN66)
6	Lodging Tax Due *Line 5 **X** 7%.*		
7	Informational Only: Lodging Sales by 3rd Party Intermediary (Expedia, Priceline, etc)		

	ADMISSION TAX		**ADMISSION TAX**
8	Total Taxable Admission Sales		
9	Admission Tax Due *Line 8 **X** 3%.*		1001-41401 (62)

	TOTAL TAXES, PENALTIES AND INTEREST		Notes:
10	TOTAL LOCAL TAXES DUE *Line 2 + Line 6 + Line 9.*		
11	5% Penalty *If payment is not made by date due, Line 10 **X** 5%.*		
12	10% Penalty *If payment is not made within 30 days after date due, (Line 10 + Line 11) **X** 10%.*		
13	5% Interest *If payment is not made by date due, (Line 10 + Line 11 + Line 12) **X** 5% **X** (Days past date due ÷ 360).*		**PENALTIES AND INTEREST**
14	Total Penalties and Interest *Line 11 + Line 12 + Line 13.*		1001-41404 (63)
15	TOTAL AMOUNT DUE *Line 10 + Line 14.*		

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 _____   Title *(Print)* _____

Name of Preparer *(Print)* _____   Date _____

Phone _____   E-mail _____