**Lodging Tax Remittance Form**

Shamrock Township

49954 Lake Avenue

McGregor, Minnesota 55760

Reporting Month(s) (or Year if paying annually) of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lodging Facility:**

**Contact:**

**Address of Lodging Facility**:

**Telephone:**

**Email**:

**Instructions for calculating Lodging Tax:**

The total amount of lodging tax income for the report month A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of lodging income not paid due to NSF checks, credit

Card disputes, etc. B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total exemptions from the lodging tax

(Supporting document is required) C.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subtract lines B & C from line A to define the total of

lodging income actually received D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Add any adjustments resulting from corrections of items

previously reported for B E.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax due calculation. Multiply E by 3% (.03) to define total

lodging tax. This is the amount due for the month.

(Due by the 20th of the following month) F. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remit payment to: Shamrock Township**

Please retain all support documents for three years. The Township Clerk may need to refer to these forms to perform an audit. Keep a copy of this form for your records and remit a copy with your payment.

Late payments will be assessed a late fee of 10% of the amount remaining unpaid, if it’s paid within 30 days. Unpaid balances after 30 days will be charged another 5%. Not to exceed $10.00 irrespective of the calculation. You can make your own copies of this form or obtain copies from the Township Clerk’s office. **This form must accompany all future remittances.**