

Aggregate Removal Tax Reporting Form

Name of Operator: _____ Date of Report _____

Address: _____ Phone: _____

Report Period (X one)

Jan 1 – Mar 31 Apr 1 – June 30 July 1 – Sept 30 Oct 1 – Dec 31

Complete the following. Use extra forms if necessary. Fasten all pages together.

Name or location of extraction site (include county property identification number and City)	Amt of Aggregate removed		Owner/Operator of Site	Point of Delivery Material & Job No.
	Cubic Yards	Tons		
Totals				

Tax Computation

By the Yard (Column A)	By the Ton (Column B)
1. Total Cubic Yards	1A. Total Tons
2. Rate of Tax x \$.21.5 cents	2A. Rate of Tax x \$.15 cents
3. Tax Due (Carry over to Line 4A)	3A. Tax Due
	4A. (From Line 3)
	Total Tax Due \$

Mail this form and your remittance in full to: Norman County Auditor-Treasurer, PO Box 266, Ada MN 56510-0266

Under the penalty of perjury, I declare that I have prepared, or closely examined, this tax return, including any accompanying documents. To the best of my knowledge this tax return is true and complete.

Signature _____ Title _____ Date _____