Goodhue County
Finance Office
509 West 5th Street
Red Wing, MN 55066

Phone: (651) 385-3032
Office Hours: 8:00am – 4:30 pm M-F
www.co.goodhue.mn.us

Aggregate Removal Tax Reporting Form

Pursuant to Minnesota Statute 298.75

(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**

Failure to file the report and submit payment shall result in a penalty of $5 for each of the first 30 days, beginning on the 15th day after the last day of each calendar quarter. A penalty of $10 for each subsequent day shall be assessed against the operator or importer who is required to file the report. (County aggregate tax ordinance section 4.01)

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 or Tons removed

Complete Line #4 and/or Line #5:

4. Total number of cubic yards of aggregate material removed during this reporting period:

_____ cubic yards x $0.215= _____
(amount of tax)

5. Total number of tons of aggregate removed during this reporting period:

_____ tons x $0.15= _____
(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; otherwise go to Line #7.**

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 aggregate was removed (include property ID or parcel number)	Total cubic yards or tons removed	Mode of transportation	County of original destination

7. PLEASE REMIT THE TAX CALCULATED 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.

_____ _____
Signature Date

_____
Title

Mail this form and your remittance to:

Goodhue County Finance Office
509 W. 5th Street
Red Wing, MN 55066