

**FREEBORN COUNTY AUDITOR/TREASURER
FREEBORN COUNTY GOVERNMENT CENTER**

**FREEBORN COUNTY
411 S. Broadway, PO Box 1147
Albert Lea, MINNESOTA 56007**

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 parcel number):	Owner of pit, quarry or deposit	Total Removed (Cubic Yards or Tons)

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 which aggregate was removed (include parcel number):	Total Removed (Cubic Yards or Tons)	Mode Of Transport	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.

Date

Signature

Title

Mail this form and your remittance to:

Freeborn County Auditor/Treasurer
411 S. Broadway, PO Box 1147
Albert Lea, MN 56007
Attn: Jeanne

VOICE (507) 377-5121
FAX (507) 377-5175

