



SIBLEY COUNTY AGGREGATE REMOVAL TAX REPORTING FORM

OPERATOR INFORMATION:

Name _____ Phone _____

Address _____

TIME PERIOD COVERED BY THIS REPORT (CHECK ONE)**:

****Note: Reporting Form and tax are due by the 14th day of the month following the end of the quarter.**

- January 1 – March 31, 20__ April 1 – June 30, 20__
- July 1 – September 30, 20__ October 1 – December 31, 20__

SCHEDULE A*

Please complete the following schedule. Use additional sheets if necessary and attach to this form.

**Include aggregate removed from another county and imported into Sibley County (if tax was not already paid in county aggregate was removed from).*

Name and/or Location of Pit/Extraction Site	Point of Delivery Twp/Municipality Project No. (over 5,000 yards)	Contract Number	Amount of Aggregate Removed	
			Total Cubic Yards	Total Tons

1. Total number of cubic yards / tons of aggregate removed during this reporting period:

_____ Cubic yards x \$.215 = \$ _____
(amount of tax)

_____ Tons x \$.15 = \$ _____
(amount of tax)

2. TOTAL TAX DUE (add cubic yards & tons together) \$ _____

3. 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** on reverse side.

MN Statute 298.75, subd. 6: It is a misdemeanor for any operator or importer to remove aggregate material from a pit, quarry, or deposit or for any importer to import aggregate material unless all taxes due under this section for the previous reporting period have been paid or objections thereto have been filed pursuant to subdivision 4. It is a misdemeanor for the operator or importer who is required to file a report to file a false report with the intent to evade the tax.

Under penalty 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 _____

Make check payable to:

Sibley County Auditor-Treasurer

Remit form and total tax due to:

Marilee Peterson, Sibley County Auditor-Treasurer
400 Court Ave, PO Box 51
Gaylord, MN 55334

SCHEDULE B

Please complete the following schedule, if applicable (see #3 on reverse side). Use additional sheets, if necessary, and attach to this form.

Name and/or location of pit, quarry, or deposit from which aggregate was removed	Total cubic yards/tons	Mode of Transportation	County and Township or City of original destination