



Motor Vehicle Excise Tax Report

Business Name	Sales and Use Tax Account Number		
Address	City	State	Zip Code
Email	Phone		

Reporting Period (Month/Year)	Due Date <i>(due 20th of each month following reporting period)</i>
1. Number of Motor Vehicles Sold	_____
2. Excise Tax Rate	x \$20.00
3. Excise Tax Due	= \$ _____
4. Total Amount Paid	\$ _____

I declare and certify under penalty of law that I have examined this statement and that to the best of my knowledge and belief it is accurate and complete.

Signature	Date
_____	_____
Title	



Motor Vehicle Excise Tax Report
Instructions

1. Number of Motor Vehicles Sold
Total number of vehicles sold during the month.
2. Sales Tax Rate
The excise tax rate is \$20.00 per vehicle.
3. Total Excise Tax Due
Line 1 times line 2.

PLEASE RETURN COMPLETED FORM TO CITY HALL

In-Person or Dropbox (located in parking lot): City Hall, 605 County Rd 75 NW, Clearwater, MN 55320

Mail: PO Box 9, Clearwater, MN 55320

Contact us: 320-558-2428 | clearwatercity.com | Mon-Thurs 8:00am-4:30pm