



501 Laurel Street
 Brainerd MN 56401
 (218) 828-2307
 www.ci.brainerd.mn.us

City of Brainerd

Motor Vehicle Excise Tax Report

Reporting Period Month: _____ Year _____

Sales & Use Tax Account Number _____

Business Name _____ Phone _____

Address _____ Email _____

Date Filed _____
 (due 20th of each month following reporting period)

Vehicles Sold Under \$4,000

- 1. Monthly Retail Vehicle Sales _____
- 2. Sales Tax Rate (0.5% of Retail Sales) _____ \$ 0.005
- 3. **Excise Tax Due** (line 1 multiplied by line 2) _____

Vehicles Sold Over \$4,000

- 1. Number of Vehicles Sold _____
- 2. Sales Tax Per Vehicle Sold _____ \$ 20.00
- 3. **Excise Tax Due** (line 1 multiplied by line 2) _____

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 TRUE AND COMPLETE.

 Signature

 Title

 Date

Submit payment and report to: City of Brainerd, Administration Dept, 501 Laurel Street, Brainerd, MN 56401