LAWFUL PURPOSE GAMBLING TAX

CITY TAX REMITTANCE FORM

1. Amount from Line 10 C of Form G1: (or Schedule A for each multiple site)		
2. Multiply by 3% (Local Gambling Tax:	X	0.03
3. Total Amount Due:		$0.00

I CERTIFY THAT THE ABOVE IS CORRECT: _____

Date Completed: _____

Name of Business: _____

Please make check payable to:

City of Mankato

Mail to:

City of Mankato
Attn: Director of Finance
P.O. Box 3368
Mankato, MN 56002-3368