MOTOR VEHICLE EXCISE TAX REPORT

1. Month and Year of Sale:		
2. Total Number of Motor Vehicle Sales:		
3. Excise Tax @ $20/vehicle	X	$20
4. Total Amount Due:		$0

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