City of Clearwater
605 CR 75 NW
Clearwater, MN, 55320
Phone: 320-558-2428
www.clearwatercitymn.gov

MOTOR VEHICLE EXCISE TAX REPORT

Business Name: _____

Sales and Use Tax Account Number: _____

Address: _____

Phone Number: _____ **Email:** _____

Reporting Period (Month/Year)**:** _____

Due Date (due 20th of each month following reporting period)**:** _____

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

Please submit completed forms and payments to City Hall:
Mail to PO Box 9, Clearwater, MN 55320 or
In person at 605 CR 75 NW, Clearwater MN 55320 or drop box in rear parking lot

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.