

**BENTON COUNTY AUDITOR-TREASURER**  
**PO BOX 129 FOLEY, MN 56329-0129**  
**(320) 968-5006 or [treasurer@co.benton.mn.us](mailto:treasurer@co.benton.mn.us)**

**AGGREGATE REMOVAL TAX REPORTING FORM**

***\*\*\*Report must still be filed even if ZERO tons/yards are removed.\*\*\****

1. Business Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Contact Number: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Reporting period covered by this report (check one):  
 January 1-March 31, 202\_\_\_\_ **Due by April 14<sup>th</sup>**  
 April 1-June 30, 202\_\_\_\_ **Due by July 14<sup>th</sup>**  
 July 1-September 202\_\_\_\_ **Due by October 14<sup>th</sup>**  
 October 1- December 31, 202\_\_\_\_ **Due by January 14<sup>th</sup>**

**SCHEDULE A**

(Please complete the following schedule. Use additional sheets if necessary and attach to this form).

Name or Location of pit, quarry or deposit from which aggregate was removed <u>(include parcel number):</u>	<b>Township (Pit) Required</b>	(Owner of pit, quarry or deposit:)	Total cubic yards/tons removed:

Complete line 5 and/or line 6:

**YARDS**

6. Total number of cubic yards of aggregate removed during this reporting period:  
\_\_\_\_\_ cubic yards x \$.215 = \_\_\_\_\_ Amount of Tax

**TONS**

7. Total number of tons of aggregate removed during this reporting period:  
\_\_\_\_\_ tons x \$.15 = \_\_\_\_\_ Amount of Tax

**SCHEDULE B**

Complete Schedule B:

If any of the aggregate removed and reported above was shipped directly from the extraction site to waterway, railway or other mode of transportation other than a highway, road or street.

(Please complete the following schedule. Use additional sheets if necessary and attach to this form.)

Name or Location of pit, quarry or deposit from which aggregate was removed (include parcel number)	Total cubic yards/tons removed:	Mode of Transportation	County of Original Destination

8. Please submit this form and your payment to:

**Benton County Auditor-Treasurer  
PO Box 129  
Foley, MN 56329-0129  
Fax (320) 968-5337**

Under penalties of perjury, I declare that I have prepared or have examined this reporting form, including accompanying schedules and statements, and to the best of my knowledge and belief this report is true and complete.

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Signature

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Title

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Date