



## **CN1, Contamination Tax Return**

	Assessment for Ta	ixes Pav	vable		_			
	(year)		,	(year)				
	ty Treasurer: Use Form CN1 to report ne state's share. Report parcels payin				•	and t	o determine and	
/be	County			Minnesota Tax ID Number		Check I	Check here if amended return	
Print or Type	Address			Contact Person				
	City	State MN	ZIP Code	Contact Email P		Phone	Phone Number	
	Reporting period (check one):	☐ Firs	st Half Taxe	<u>2</u> S	☐ Second F	lalf Ta	axes	
Reporting Parcels and Tax	For each of the following tax rates, enter the number of parcels in column A and the tax collected in column B				<b>Column A</b> Number of Parcels		Column B Total Tax Collected (round to nearest dollar)	
	<b>1</b> 100 percent rate							
Report	<b>2</b> 25 percent rate							
	<b>4</b> 12.5 percent rate			4				
ing Tax	Determining the state's share of the tax collected at 50 percent and 12.5	percent rate	S			F		
Determining Tax	(add line 3, column B, and line 4, column B)  6 Counties are allowed to retain 5 percent of the tax collected for administering the tax  All payments must be paid  7 Total Contamination Tax due to the state (multiply line 5 by line 6)  electronically (see below)						.95	
	/ lotal Contamination lax due to the state	(muιπρίy line	e 5 by line 6)			<b>/</b>		
gn Here	County Treasurer's Signature		F	Printed Name			Date	
ign	County Assessor's Signature		F	Printed Name			Date	

 $\label{top:continuous} \textbf{To pay electronically}, \ \text{go to www.revenue.state.mn.us and log in to e-Services.} \\ \textbf{To file}, \ \text{email Form CN1} \ \text{and Schedule A to special.taxes@state.mn.us.} \\$ 

Phone: 651-556-4721

## Schedule A CN1 page 2

(year)	t for Taxes Payable _	(year)		Page of					
County Assessors and Treasurers: Use separate sheets, if needed. Attach all s		cels paying the contamination	tax. If no tax was collecte	ed, enter "none." Comple					
County		Minnesota Tax ID Number	Minnesota Tax ID Number Reporting perior						
☐ First Half Taxes ☐ Second Ha									
Contamination Tax collected at the:									
Parcel Identification Number									
(Ex: R32.2232.223)	100% Rate	25% Rate	50% Rate	12.5% Rate					
Totals (enter on appropriate									

line of Form CN1, column B) ......