



CN1, Contamination Tax Return

	Assessment for Ta	xes Pav	vable		_		
	(year)			(year)			
	ty Treasurer: Use Form CN1 to report ne state's share. Report parcels payin				•	and t	to determine and
/be	County			Minnesota Tax ID Number		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	2S	☐ Second H	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				Column A Number of Parcels Total Tax Collected (round to nearest dollar)		
	1 100 percent rate 11						
Reporti	2 25 percent rate						
	4 12.5 percent rate						
ă,	Determining the state's share of the tax colle	cted on line	s 3 and 4				
Determining Tax	5 Total tax collected at 50 percent and 12.5 p	_					
	(add line 3, column B, and line 4, column B)						0.5
Δ	7 Total Contamination Tax due to the state	(multiply line	e 5 by line 6)	el	payments must be paid ectronically (see below)	7	
ere	County Treasurer's Signature		F	rinted Name			Date
ign Here	County Assessor's Signature			rinted 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 so		cels paying the contamination	tax. If no tax was collect	ed, enter "none." Comple					
County		Minnesota Tax ID Numbe	od:						
☐ First Half Taxes ☐ Second									
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)