

# CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036



## Amusement Tax Return

Return for the Month of: \_\_\_\_\_ and Year of: \_\_\_\_\_

Amusement Tax License #: \_\_\_\_\_

Name of Establishment or Amusement: \_\_\_\_\_

FEIN/SS #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Tax Return Preparer: \_\_\_\_\_

1. Number of Paid Admissions		
2. Gross Receipts		\$
3. Tax on Gross Receipts (Line 2 x .0725)		\$
4. If filed after due date, add 5.0% penalty* (Line 3 x .05)		\$
5. Interest payable if delinquent, add 1.0% (Line 3 x .01 per month)		\$
6. Total Amount Due to City (Line 3 + 4 + 5)		\$

\*Tax payment must be received not later than 4:30 p.m. at City Hall on the last City working day of the month following the month the taxes were collected. The tax shall be paid to the City of Galena on a monthly basis.

Failure to accurately and timely report and remit the Amusement Tax may result in penalties, including, but not limited to, revocation of Amusement Tax License, fines and legal proceedings.

The undersigned certifies that the information set forth in this return is true and accurate to the best of his/her knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date