

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

City of Galena Use Only

Date Received: _____ Received By: _____

License #: _____