

**CITY OF WARRENVILLE  
AMUSEMENT TAX REPORT**

**Name of Facility or Event:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR MONTH OF:** \_\_\_\_\_

**ADMISSION TICKETS SOLD**

| Type | Starting Number | Ending Number | Total Number of Paid Admissions | Price | Gross Receipts |
|------|-----------------|---------------|---------------------------------|-------|----------------|
|      |                 |               |                                 |       |                |
|      |                 |               |                                 |       |                |
|      |                 |               |                                 |       |                |
|      |                 |               |                                 |       |                |
|      |                 |               |                                 |       |                |

**Total Gross Receipts \$** \_\_\_\_\_

**Tax Due - 5% of Gross Receipts \$** \_\_\_\_\_

Taxes must be paid prior to the last day of the calendar month following the month of collection.

**CERTIFICATION:** I hereby certify that the information contained in this report is taken from the books and records of the above facility or event and is true and correct to the best of my knowledge.

**Please remit to:**

City of Warrenville  
Finance Department  
3 S 258 Manning Avenue  
Warrenville, IL 60555

**Business Name:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ALL FIGURES ARE SUBJECT TO AUDIT**