

# Village of South Barrington

## Theater Amusement Tax Form

Operation Period:      From: \_\_\_\_\_ To: \_\_\_\_\_  
 (Due date is last day of the month following month the amusement is operated)

FEIN \_\_\_\_\_

Mailing Name & Address:	Business Name & Address:

1	Total number of tickets sold/prepaid admissions	1	
2	Miscellaneous adjustments (Describe)	2	
3	Net admissions subject to tax	3	
4	TAX DUE (multiply line 3 x \$0.45)	4	
5	Calculations of penalty for late payment (if not paid within 10 days from due date)		
a	Number of days payment is late from due date (must be over 10)	a	
b	Multiply number on Line 5a x .00067	b	
c	Multiply number on Line 5b x tax due (Line 4)	c	
6	PENALTY for late payment (enter amount from Line 5c)	6	
7	TOTAL TAX AND PENALTY (add Lines 4 and 6)	7	
8	AMOUNT PAID	8	

Owner/Officer Statement

Under penalty of perjury, I certify that I have examined this return and it is a true, correct and complete representation of the information provided.

PRINT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE AND TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Preparer Statement

Under penalty of perjury, I certify that I have prepared this return and to the best of my knowledge and belief, it is a true, correct and complete representation of the information provided.

AGENT/PAID PREPARER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AGENT EMAIL \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**Return to:**

**Village of South Barrington, Attn: Treasurer Office, 30 S. Barrington Rd, South Barrington, IL 60010**