CITY OF CHILLICOTHE, ILLINOIS
AMUSEMENT TAX RETURN

Business
Name: _____
Address: _____
City: _____ State: ____
Zip Code: _____ Phone: _____
Email: _____

Taxpayer # _____
This return filed for the period:
From: _____ To: _____

Name of Event: _____

_____
Taxpayer signature and title

_____
Preparer's signature and Phone #

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Amusement Tax

Total Gross Receipts (from the fee charged to Witness or participate in the amusement)	1.	$ _____
Amount of Tax: (line 1 multiplied by 2.0%)	2.	$ _____
Late Penalty: (line 2 multiplied by 5.0%)	3.	$ _____
Total Amusement Tax & Charges Due (line 2 + 3)	4.	$ _____

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**** OFFICIAL USE ONLY ****

Validation

Date Received: _____

Amount Received: _____

Check #: _____

Cash: _____

Signed: _____

908 N. Second St.
Chillicothe, IL 61523