



Amusement Tax Return

(Pursuant to Village of Gurnee Municipal Code Chapter 10)

Return for the Month and Year of: _____

Name of Establishment: _____

FEIN/SS#: _____ IBT#: _____

Address: _____ Phone: _____ - _____ - _____

1. Gross Receipts: \$ _____

2. Tax on Gross Receipts (Line 2 x 4%): \$ _____

3. If filed after due date, add 5% penalty* (Line 3 x 5%): \$ _____

4. Total Amount Due to Village (Lines 3 + 4): \$ _____

**Tax is due on or before the 15th of the month after incurrence, i.e., January return and tax remittance is due on or before February 15th.*

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

I hereby affirm that the statements herein contained are true and correct to the best of my knowledge and belief:

_____/_____/_____
Signature of Authorized Official Date Print Name & Title of Official

Signature of Preparer & Date Print Name & Title of Preparer

Mailing Address of Preparer City State Zip Preparer's Phone Number

Remit to:
Village of Gurnee
Attention: Revenue Collection
325 N. O'Plaine Road
Gurnee, IL 60031
Phone: 847.599.7500