



RETURN FOR THE PAYMENT OF ADMISSION TAX

PERIOD FROM _____ TO _____

NAME _____

ADDRESS _____ PHONE _____

If new business or change of ownership, indicate starting date: _____

-
-
1. Total amount admissions received \$ _____
 2. 3% of admissions received.....*Line 1 times 3%* \$ _____
 3. Interest penalty for _____ months at 1% per month (**if applicable*)..... \$ _____
 4. Total tax and penalty interest.....*Add lines 1 through 3.* \$ _____
-
-

Under penalty of perjury, I declare that I have examined this return and the records substantiating the above allowable deductions, and to the best of my knowledge and belief, it is true, correct and complete.

Signed _____

Title _____

TO AVOID PENALTY AND INTEREST, THIS RETURN WITH REMITTANCE MUST BE FILED ON OR BEFORE THE 30TH DAY OF THE MONTH FOLLOWING THAT FOR WHICH THE REPORT IS MADE.

SEND ORIGINAL RETURN WITH CHECK MADE PAYABLE TO THE CITY OF WILLOUGHBY TO:

FINANCE DEPARTMENT
CITY OF WILLOUGHBY
ONE PUBLIC SQUARE
WILLOUGHBY, OHIO 44094

*(*Failure to pay any past due amounts may result in an audit of financial records per our ordinances, as well as a 1% penalty per month on all past due amounts.)*