



RETURN FOR THE PAYMENT OF ADMISSION TAX

PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

*If new business or change of ownership, indicate starting date:* \_\_\_\_\_

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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 2 and 3.* ..... \$ \_\_\_\_\_
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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.)*