

Single Amusement  
or  
Limited Time Amusement  
(Less than 10 cumulative calendar days)

**City of Effingham  
2017  
AMUSEMENT TAX RETURN**

**Return with payment to:**  
Office of the City Clerk  
P.O. Box 648  
Effingham, IL 62401  
**Phone: (217) 342-5301**

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Owner's Name** \_\_\_\_\_

**Owner's Address** \_\_\_\_\_

**Federal Tax ID** \_\_\_\_\_

Computation of Amusement Tax for the amusement date or dates of

\_\_\_\_\_  
**DELIQUENCY DATE (DUE 48 hours after date of amusement)**

1. **City Clerk's Estimated Amount (Paid prior to event)** \_\_\_\_\_  
Date of Payment \_\_\_\_\_
2. Total receipts from ticket sales \_\_\_\_\_
3. City Amusement Tax Due (5%) of total receipts \_\_\_\_\_
4. Penalty for late payment (5% of line 2) per date of delinquency \_\_\_\_\_
5. AMOUNT DUE: Total Tax and Penalty (Item 3 plus Item 4) \_\_\_\_\_
6. Refunded Amount (Item 1 less Item 5) if applicable \_\_\_\_\_

NOTICE: The undersigned acknowledges that by accepting the Amusement License issued by the City of Effingham, you consent to the city of Effingham auditing at all reasonable times your business records for purposes of determining compliance with the City of Effingham's Amusement Tax Ordinance, and entering upon the premises licensed hereunder for purposes of investigating for compliance with the city of Effingham's Tax Ordinance. You further acknowledge that violation of the City of Effingham's Amusement Tax Ordinance or your refusal to provide all relevant business records necessary to conduct an audit for purposes of determining compliance with the City of Effingham Amusement Tax Ordinance shall result in the immediate suspension of any Amusement License issued pursuant to the City of Effingham Amusement Tax Ordinance.

**Make checks payable to the CITY OF EFFINGHAM. Mail returns and payments to the address listed at the top of this form.**

Under penalty as provided by law, I declare that I have examined this return and to the best of my knowledge and belief, the information is true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone No.