



CITY OF DARIEN
FINANCE DEPARTMENT
AMUSEMENT TAX – MONTHLY RETURN

Business Name _____

Business Address _____

Telephone No. _____ Fax No. _____

Check Box for Update of Above Information

Federal I.D. Number _____

This Return filed for _____
 Month and Year

	DOLLARS	CENTS
1. Receipts from amusements rentals and amusements		
2. Authorized Deductions		
3. Net Amount Subject to Tax		
4. Tax 3% of Line 3		
5. Penalty (3%) late payment		
6. Gross Amount Due-Lines 4 & 5		
7. Credits		
8. Net Amount due to the City of Darien		

(For additional information call 1-630-852-5000 Ext. 216)

Make Checks payable to:
CITY OF DARIEN

Send remittance to:
Office of the City Clerk
City of Darien
1702 Plainfield Road
Darien, Illinois 60561

Amount Paid
\$

I certify under penalty as prescribed by law, that I have examined this return and to the best of my knowledge, is true and accurate.

Signature _____ Date _____

Title _____