



**CITY OF WEST CHICAGO**  
**ADMINISTRATIVE SERVICES 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 \_\_\_\_\_, 20\_\_\_\_\_

Return due by 25<sup>th</sup> of the following month for which it is filed.  
(ex. March 2009 Return and payment due by April 25, 2009)

	DOLLARS	CENTS
1. Receipts from amusements: bowling, movie and/or video game rentals		
2. Net Amount Subject to Tax		
3. Tax 2% of Line 2		
4. Interest For Late Payment (1.5% per month)		
5. Gross Amount Due-Lines 3 & 4		
6. Credits		
7. Net Amount due to the City of West Chicago		

(For additional information call 1-630-293-2200, Ext. 171)

Make Checks payable to:  
**CITY OF WEST CHICAGO**

Send remittance to:  
**City of West Chicago**  
**475 Main Street**  
**West Chicago, IL 60185**

Amount Paid
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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 \_\_\_\_\_