

CITY OF BROOK PARK RETURN OF ADMISSIONS TAX

For Period
From _____ To _____

*The last day of February shall be considered the 30th.

RECEIPT # _____

Certificate No. _____

Due On Or Before _____

NOTE: Return must be received by **The Department of Taxation** with check or money on or before the *30th day of the month following that for which the report is made. If there is nothing to report from a Permanent Certificate Registrant, notation should be made to that effect and copies transmitted as usual. If final return is filed the copies should be marked FINAL RETURN and CERTIFICATE SURRENDERED.

TICKET NUMBERS		NUMBER OF ADMISSIONS	TOTAL REC'D FOR SINGLE TICKET	TOTAL COLLECTED	AMOUNT OF TAX AT 3%
OPENING	CLOSING				

Person Or Organization _____

Total Amt. Of Tax Due _____

Place Of Amusement _____

Interest At 2%

**Per _____ Months
Or Fraction Thereof**

Mailing Address _____

Grand Total _____

I swear that the foregoing is a true return of the amount of tax due for admissions, made in good faith, pursuant to Brook Park Admissions Tax Ordinance and Regulations.

Signature _____ Title _____ Date _____

Sworn to and subscribed before me on this _____ day of _____, 20 _____

Notary Public or Tax Dept. Clerk _____

MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF BROOK PARK, OHIO	MAIL TO: DEPARTMENT OF TAXATION 6161 ENGLE ROAD BROOK PARK, OHIO 44142
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