



CITY OF MOLINE

AMUSEMENT TAX RETURN

Pursuant to City of Moline Ordinance 31-5100

Business Name: _____

Business Address: _____

Mailing Address: _____

_____ Check here if above information is updated/changed

ILLINOIS BUSINESS TAX NUMBER: _____

Return Filed for **Month/Year**: _____

1. Gross Receipts from Admission	\$
2. 5% Tax (Line 1 x .05)	\$
3. Credits (Enter Any Credits From Previous Overpayments)	\$
4. Net Amount Due to the City of Moline	\$

INSTRUCTIONS FOR FILING:

TAX AMOUNT: Effective May 22, 2018, the tax rate is 5% of the admission fee charged for participating in or witnessing amusement.

DUE DATE: Monthly return is due no later than the last day of each calendar month, for tax owing for the previous month.

REMITTANCE: Make checks payable and remit to:

City of Moline
1630 8th Avenue
Moline, IL 61265
(309) 524-2070
www.moline.il.us

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

Signature of Preparer: _____ Printed Name: _____

Title: _____ Date: _____

Telephone Number: _____ Email: _____