

VILLAGE OF WILLOWBROOK
AMUSEMENT TAX
835 MIDWAY DRIVE
WILLOWBROOK, IL 60527
(630) 323-8215

MONTHLY AMUSEMENT TAX RETURN

Business Name: _____

Doing Business As: _____

For Reporting Month of: _____

FEIN: _____

Taxes must be paid by the 25th day of the month following the reporting month.

1. Gross Receipts \$ _____

2. Deductions of Sales Included Above Not Subject to Amusement Tax
(food/beverage sales, merchandise/pro-shop sales, vending machine
merchandise sales and amusement device sales) \$ _____

3. Taxable Sales (Line 1 minus Line 2) \$ _____

4. Amount of Tax (Multiply Line 3 by 6% (.06)) \$ _____

Please make checks payable to the “**Village of Willowbrook**” and mail your return and tax payment to the Village of Willowbrook, at the address listed above.

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

Signature

Date

Printed Name & Title

Phone Number