

Phone: (217) 342-5310

Single Amusement
or
Limited Time Amusement
(Less than 10 cumulative calendar days)

**City of Effingham
2024
AMUSEMENT TAX RETURN**

Return with payment to:
City of Effingham Tourism
201 E Jefferson Ave
Effingham, IL 62401

Business Name _____

Business Address _____

Owner's Name _____

Owner's Adress _____

Federal Tax ID _____

Computation of Amusement Tax for the amusement date of the ____ day of _____, 2024

DELIQUENCY DATE (DUE 48 hours after date of amusement)

1. **Tourism Director's Estimated Amount (Paid prior to event)** _____
Date of Payment _____
2. Total receipts from ticket sales _____
3. City Amusement Tax Due (5% of total receipts) _____
4. Penalty for late payment (5% of line 2) per date of delinquency _____
5. AMOUNT DUE: Total Tax and Penalty (Item 3 plus Item 4) _____
6. Refunded Amount (Item 1 less Item 5) if applicable _____

NOTICE: The undersigned acknowledges that by accepting the Amusement License issued by the City of Effingham, you consent to the city of Effingham auditing at all reasonable times your business records for purposes of determining compliance with the City of Effingham's Amusement Tax Ordinance, and entering upon the premises licensed hereunder for purposes of investigating for compliance with the city of Effingham's Tax Ordinance. You further acknowledge that violation of the City of Effingham's Amusement Tax Ordinance or you refusal to provide all relevant business records necessary to conduct an audit for purposes of determining compliance with the City of Effingham Amusement Tax Ordinance shall result in the immediate suspension of any Amusement License issued pursuant to the City of Effingham Amusement Tax Ordinance.

Make checks payable to the CITY OF EFFINGHAM. Mail returns and payments to the address listed at the top of this form.

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

Signature

Date

Title

Phone No.

CHECK HERE IF FINAL RETURN – COMPLETE THIS SECTION

If the business has been discontinued and /or no longer incurs liability for tax. Place an "X" in the appropriate box and answer the applicable questions. .

BUSINESS SOLD

BUSINESS DISCONTINUED

Last Date of Business Under Current Ownership _____

New Owner's Name _____

New Owner's Residence Address _____

Former Owner Residence Address _____