CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984

DEPARTMENT: FINANCE   PHONE: (630) 377-4456   FAX: (630) 377-4487

ADMISSION TAX COLLECTION FORM

Instruction
1. Enter the date(s) on which the event was held in Column 1.
2. Enter the various admission prices (Use Rows 1., 2., 3.) charged for each day in Column 2.
3. Enter the attendance for each admission charge for each day in Column 3.
4. Multiply Column 2 by Column 3 and enter the result in Column 4.
5. Sum the total of all days and calculate the tax due.
6. **Remit Total Tax Due To:**   **Finance Department, City of St. Charles**
                                    2 East Main St., St. Charles, IL 60174-1984

Column 1 **Date**	*Column 2* **Price** (Include any tax added)	*Column 3* **Attendance** (Multiply Column 2 x 3)	*Column 4* **Total**
_____	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
			Total for Day 1 _____
_____	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
			Total for Day 2 _____
_____	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
			Total for Day 3 _____
_____	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
			Total for Day 4 _____

PLEASE PRINT OR TYPE	
Business Name: _____	
IBT Number: _____	
Contact Name: _____	
Address: _____	
_____	
Phone: _____	

TOTAL ALL DAYS   _____

DIVIDE BY   1.10

TOTAL BASIS FOR TAX   _____

MULTIPLY BY REQUIRED TAX   0.10

TOTAL TAX DUE   _____

Signed _____   **Date** _____