Entertainment Admission Tax Return

CITY OF SPRINGDALE, OHIO
11700 Springfield Pike
Springdale, Ohio 45246
Phone: (513) 346-5715    FAX: (513) 346-5756

Failure to file this return timely even if no tax is due will result in a penalty and interest assessment.

Springdale Entertainment Tax Account Number:

Federal I.D. Number:

Establishment Name:

Establishment Address:

Establishment Phone Number:

Please indicate which period this return is for:

☐ Jan-Mar 20 ____________ (due Apr 30)

☐ Apr-Jun 20 ____________ (due Jul 30)

☐ Jul-Sep 20 ____________ (due Oct 31)

☐ Oct-Dec 20 ____________ (due Jan 31)

1. Ticket Numbers:
   A. Closing Admission Ticket
   B. Opening Admission Ticket

2. Number of Admissions (Line 1A minus Line 1B plus 1)

3. Number of Refunds (if any)

4. Number of Taxable Admissions (Line 2 less Line 3)

5. Gross Price Per Admission

   $ ____________

6. Gross Receipts (Multiply Line 4 by Line 5)

   $ ____________

7. Springdale Admission Tax Rate

   $ ____________ x 3%

8. Springdale Admission Tax Due (Multiply Line 6 by Line 7)

   $ ____________

9. Interest Due (1% of the tax due per month of delinquency)

   $ ____________

10. Penalty Due (10% of the tax due for each 30 day period of delinquency)

    $ ____________

11. Total Due (Add Lines 8, 9 and 10) - make checks payable to "Springdale Tax Commission"

    $ ____________

Under penalties of perjury, I declare that I have examined this return and the records substantiating the above, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of taxpayer or agent (Required to be valid) ____________________________

Date ____________________________

Form Required by Chapter 98 of the Springdale Code