FORM ADM-1  
CITY OF CUYAHOGA FALLS  
RETURN OF ADMISSIONS TAX  

For Period  
From ___________________ to ___________________  

Certificate No. _______________________  

Due On Or Before ______________________  

RECEIPT # _________________________  

NOTE: Return must be received by the Department of Finance with check or money on or before the final day of the month following that for which the report is made. If there is nothing to report from a Permanent Certificate Registrant, notation should be made to that effect and copies transmitted as usual. If final return is filed the copies should be marked FINAL RETURN and CERTIFICATE SURRENDERED.  

<table>
<thead>
<tr>
<th>TICKET NUMBERS</th>
<th>OPENING</th>
<th>CLOSING</th>
<th>NUMBER OF ADMISSIONS</th>
<th>TOTAL REC'D FOR SINGLE TICKET</th>
<th>TOTAL COLLECTED</th>
<th>AMOUNT OF TAX AT 3%</th>
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Person or Organization

Place of Entertainment

Mailing Address

Total Amt. of Tax Due _________________________

Interest At 2%

Per ________ Months _________________________

Or Fraction Thereof

Grand Total _________________________

I swear that the foregoing is a true return of the amount of tax due for admissions, made in good faith, pursuant to City of Cuyahoga Falls Admissions Tax Ordinance and Regulations.

Signature _________________________  
Title _________________________  
Date _________________________

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
CITY OF CUYAHOGA FALLS, OHIO  

MAIL TO: DEPARTMENT OF FINANCE  
2310 SECOND STREET  
CUYAHOGA FALLS, OHIO 44221