

**CITY OF CUYAHOGA FALLS
RETURN OF ADMISSIONS TAX**

For Period
From _____ to _____

RECEIPT # _____

Certificate No. _____

Due On Or Before _____

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.

TICKET NUMBERS		NUMBER OF ADMISSIONS	TOTAL REC'D FOR SINGLE TICKET	TOTAL COLLECTED	AMOUNT OF TAX AT 3%
OPENING	CLOSING				

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
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