

VILLAGE OF BEDFORD PARK

Amusement Tax Remittance Form

Effective 07/01/2021, Pursuant to Ordinance # 21-1671

6701 S. Archer, Bedford Park, IL 60501 Phone: (708) 458-2067 Fax: (708) 458-2079 www.villageofbedfordpark.com

Local Business Name: Business Address: Payee Name:	Please check one box: 1st Quarter (January - March) 2nd Quarter (April - June) 3rd Quarter (July - September)
Payee Address:	4th Quarter (October - December)
Contact Name & Telephone:	
Computation of Tax Liabili	ity
Gross Receipts for Admissions: (Exclusive of any applicable federal or state taxes)	1_\$
2. Village of Bedford Park Amusement Tax (Multiply Line 1 by 5%)	2_\$
Penalties if Return or Payment is Received Late:	3_\$
b. Penalty (Multiply Line 2 by 1% for each 30-day period late) periods late	\$
4. Total Tax Due including Penalties (Line 2 + Line 3)	4_\$
The tax herein imposed shall be due and payable on the tenth (10th) day of each September, and December. Please remit the following to the Village of Bedford F - Completed Amusement Tax Remittance Form - Check in the amount shown on line 4 made payable to the "Village of Bedford Mail to: Village of Bedford Park Attn: Village Treasurer	Park:
6701 S Archer Bedford Park, IL 60501	
Under penalties of perjury and other penalties provided by law, I declare that I has knowledge and belief it is true, correct and complete. I further declare that the info of the business of which this return is filed.	
Signature	Date
Printed Name & Title	Phone Number