			Adm	ission Tax Re	porting Form			
Period Ending - Reporte			Reported by -				For Office Use Only	
City of Cleveland Admissions Tax Reporting Form				Division of Assessments & Licenses 601 Lakeside Ave Room 122 Cleveland, Ohio 44114			Receipt #: DAL FORM 19521 Rev. 12/4/2009	
DATE of SALE (A)	EVENT and/or VENUE (B)	DATE of EVENT (C)	TYPE of ADMISSION SOLD (D)	NUMBER of ADMISSIONS SOLD (E)	ADMISSION PRICE CHARGED (F)	TOTAL ADMISSION COLLECTED (G)	TAXABLE REVENUE (H)	TAX DUE (I)
1/1/2009	EXAMPLE	1/15/2009	GEN ADMISSION	1,000	\$ 15.00	\$ 15,000.00	\$ 13,888.89	\$ 1,111.11
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Copy form if additional space is needed.					\$	\$	\$	
				Total Columns G, H & I		\$	\$	\$
ECLARE THAT	THIS RETURN, TO TH	E BEST OF MY I	KNOWLEDGE AND BELIE	F, IS TRUE, CORRECT /	AND COMPLETE.			Amount Due

IGNATURE OF RESPONSIBLE PARTY		TITLE		PHONE NUMBER	
			Due by the 30th	day of the month following the reporting period.	

	Admission Tax O	utside Vendor Contact Info	rmation Form		
Period Ending	Reported by			For Office Use Only	
	city of Cleveland	Division of Assessments &	Receipt #:		
	Admissions Tax	601 Lakeside Ave Room	DAL FOR		
	Reporting Form	Cleveland, Ohio 441	Rev. 12/4/2009		
	NAME of OUTSIDE VENDOR	CONTACT NAME	CONTACT	ADDRESS	CONTACT PHONE NUMBER
			•		
SIGNATURE OF RESPONSIBLE PARTY		TITLE	PHONE NUMBER		NUMBER
			Due by the 30th day of the month following the reporting period.		