

# Admission Tax Reporting Form

Period Ending -	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
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
Copy form if additional space is needed.						Total Columns G, H & I (from additional forms)	\$	\$
						Total Columns G, H & I	\$	\$

I DECLARE THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS TRUE, CORRECT AND COMPLETE.

Amount Due

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

