



**VILLAGE OF SCHAUMBURG  
AMUSEMENT SURCHARGE RETURN**  
(Revised 09-16)

Calendar Month and Year for Which Surcharge Return Applies: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

**COMPUTATION OF AMUSEMENT SURCHARGE LIABILITY**

Number of Admission Tickets: Issued \_\_\_\_\_ Sold \_\_\_\_\_

1. Gross Receipts from Admission Fees and Charges (Include surcharge).... \$ \_\_\_\_\_
2. Deductions (Use Worksheet on Page 2)..... \$ \_\_\_\_\_
3. Taxable Receipts (Line 1 minus line 2)..... \$ \_\_\_\_\_
4. Amusement Surcharge Liability (Line 3 multiplied by 5.0%)..... \$ \_\_\_\_\_
5. Surcharge Collection Fee Due Amusement Owner (1.0% of line 4)..... \$ \_\_\_\_\_
6. Total Amusement Surcharge Due Village (Line 4 minus line 5)..... \$ \_\_\_\_\_
7. Penalties and Interest if Paid After the Due Date:
  - A. Late Filing Penalty (line 6 multiplied by 5.0%)..... \$ \_\_\_\_\_
  - B. Late Payment Penalty (line 6 multiplied by 5.0%)..... \$ \_\_\_\_\_
  - C. Interest (1.0% of line 6 per month or fraction thereof)..... \$ \_\_\_\_\_
  - D. Total Penalties and Interest Due (Sum of Lines 7A, 7B and 7C)..... \$ \_\_\_\_\_
8. Total Due the Village of Schaumburg (add lines 6 and 7D)..... \$ \_\_\_\_\_

I hereby certify that this tax return is accurate and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Individual Preparing Return                      Telephone #                      Date

**Due Date:** The completed surcharge return and payment of the surcharge liability must be received by the Village or postmarked on or before the last day of the calendar month succeeding the end of the monthly filing period.

**The completed tax return and payment should be mailed to:  
Village of Schaumburg  
Finance Department - Amusement Surcharge  
101 Schaumburg Court  
Schaumburg, IL 60193**

Any questions regarding the amusement surcharge should be directed to Dawn Soderstrom at 847-923-4532.

**(See Reverse Side)**

