VILLAGE OF SKOKIE
AMUSEMENT SURCHARGE
MONTHLY RETURN FORM

Month/Year Due Date:
Of Collection: ___________________ 
THE 20TH DAY OF THE FOLLOWING MONTH

Business Name __________________________________________________________________
Business Address __________________________________________________________________
Contact Name and Telephone __________________________________________________________________

Illinois Business Tax (IBT) Number For Skokie Business Location (from Illinois ST-1) __________________________________________________________________

I declare that the information on this return is, to the best of my knowledge and belief, true, correct and complete. I further declare that the information set forth is taken from the official books and records for the business for which this return is filed.

________________________________________
Signature of Preparer

COMPUTATION OF AMUSEMENT SURCHARGE LIABILITY

SPECIFIC DEFINITIONS CAN BE FOUND IN SECTION 98-370 OF THE SKOKIE VILLAGE CODE

1. Gross Admission Fees and Charges Collected: ____________________________

2. Computed Surcharge Liability: ____________________________
   (Line 1 x .02)

3. Administrative Commission: ____________________________
   (Line 2 x .01)
   -- DOES NOT APPLY TO LATE FILINGS --

4. Net Surcharge Due: ____________________________
   (Line 2 minus Line 3)

Mail this completed return and check (payable to Village of Skokie), for the amount shown on line 4, along with a copy of the Illinois Department of Revenue form ST-1/ST-2 and any other supporting documentation to:

Village of Skokie
Attention: Collections Division
5127 W. Oakton Street
Skokie, Illinois 60077

For ACH payments, contact 847/933-8243
Email for Remittance: TaxFilings@Skokie.org