

West Brandywine Township

Board of Supervisors

O. Douglas Smith, *Chairman*

Joseph M. Morris, *Vice-Chairman*

John W. Cassels, Jr., *Member*

Dale Barnett., *Township Manager*

AMUSEMENT TAX RETURN FORM

I hereby state the following is a true and correct record of all amusements occurring during the period beginning _____, up to and including _____, in accordance with Ordinance No. 2016-04 Amusement of West Brandywine Township Ordinances and Resolutions.

Name of Applicant

Applicant's Phone Number

Applicant's Cell Number

Applicant's Address

Applicant's Email

Place of Enterprise/Amusement

Address

Report shall be due, respectively for each quarter, no later than thirty (30) days after the conclusion of the calendar quarter.

Month of Collection _____

| TYPE OF AMUSEMENT | # OF TICKETS | AMOUNT COLLECTED SUBJECT TO <u>5% TAX</u> | TOTAL TAX DUE |
|-------------------|--------------|---|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Photocopies acceptable for additional Admission listings

TOTAL TAX

\$ _____

Penalty (10% of amount due if unpaid by the due date)

\$ _____

TOTAL TAX PAYABLE TO WEST BRANDYWINE TOWNSHIP

\$ _____

I verify that the statements made herein are true and correct. I understand that false statements made herein are subject to the penalties of 18 PA. C.S. 4904 relating to unsworn falsification to authorities.

SIGNATURE _____

TITLE _____

DATE _____