

**VILLAGE OF VERNON HILLS
AMUSEMENT TAX FORM**

MONTHLY REPORT FOR: _____

REPORTING ENTITY: _____

ADDRESS: _____

FORM COMPLETED BY: _____

PHONE: _____

ADMISSION FOR THE MONTH OF _____
(exclusive of all taxes)

AMUSEMENT TAX RATE: 4%

AMUSEMENT TAX DUE: _____

MAKE CHECK PAYABLE TO: **VILLAGE OF VERNON HILLS
290 EVERGREEN DRIVE
VERNON HILLS, IL 60061**

**UNDER PENALTY OF LAW, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF,
THIS REPORT IS TRUE, CORRECT, AND COMPLETE.**

SIGNATURE

DATE
