

For future monthly filing,  
you may copy this form or download at  
**KeystoneCollects.com/BethelParkAmusement**

**AMENDED RETURN**

Company Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

**MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_**

**DUE THE 10<sup>TH</sup> OF THE FOLLOWING MONTH**

	<b>TYPE OF BUSINESS</b>	<b>GROSS RECEIPTS</b>	<b>RATE</b>	<b>TAX DUE</b>
1	Admissions		0.05	
2	2% Discount if paid on or before due date (multiply line 1 by 0.02)			
3	10% Penalty if paid after the due date (multiply line 1 by 0.01)			
4	1% Interest per month if paid after due date (multiply line 1 by 0.01 by number of months delinquent)			
5	<b>TOTAL AMOUNT DUE</b>	If paid on or before due date (subtract line 2 from line 1)		
		If paid after due date (add lines 1, 3, and 4)		

I declare under penalty of perjury that this return (including any accompanying schedule(s) and statement(s)) is true and correct.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Date Operation began in Municipality: \_\_\_\_\_

Physical Location of Business: \_\_\_\_\_

Please make check payable and remit to:  
**Keystone Collections Group**  
**PO Box 489, Irwin PA, 15642**

**Phone: (724) 978-0300**

**Fax: (412) 927-3646**