



EAST ALLEGHENY SCHOOL DISTRICT
AMUSEMENT TAX MONTHLY RETURN

Name: _____

Address: _____

MONTH: _____ YEAR: _____

DUE THE 10TH OF THE FOLLOWING MONTH

COMPUTATION OF TAX

Table with 3 columns and 7 rows for tax computation. Includes rows for Total Volume, Tax Due at 10%, \$75.00 per machine, Net Tax Due, 2% Discount, 10% Penalty, and TOTAL AMOUNT DUE.

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
P.O. Box 489, Irwin, PA 15642

Phone: (724) 978-2867
Toll free: (888) 328-0561
Fax: (412) 927-3646