



PO Box 489 • Irwin PA 15642  
KeystoneCollects.com

**FRANKLIN REGIONAL SCHOOL DISTRICT**

**AMUSEMENT TAX MONTHLY RETURN**

**ACCOUNT #** \_\_\_\_\_

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

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

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

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

**AMENDED RETURN**

**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>
<b>1</b>	Admissions		0.1	
<b>2</b>	Country Club Greens (40% of Green Fees)	0.4 x _____ = _____	0.1	
<b>3</b>	Net Tax Due (add lines 1 and 2)			
<b>4</b>	2% Discount if paid before due date (multiply line 3 by 0.02)			
<b>5</b>	10% Penalty if paid after the due date (multiply line 3 by 0.1)			
<b>6</b>	1% Interest per month if paid after the due date (multiply line 3 by 0.01 by number of months delinquent)			
<b>7</b>	<b>TOTAL AMOUNT DUE</b>	If paid before due date (subtract line 4 from line 3)		
		If paid by due date (line 3)		
		If paid after due date (add lines 3, 5, and 6)		

**I declare under the 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**