

West Brandywine Township  
198 Lafayette Road  
West Brandywine, PA 19320

**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

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

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Place of Enterprise/Amusement

\_\_\_\_\_  
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 <b>5% TAX</b>	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 \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE \_\_\_\_\_