CAT-103
State Form 25341
(R3 / 3-18)

Indiana Department of Revenue
County Admissions Tax Return

I.C. 6-9-13-1

Your FID# (Federal Identification Number)

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_____
Tax Period (Month and Year)

_____
Due Date
(Due <u>before</u> 15th of the month following collection.)

_____
County

Name of Taxpayer _____

Address _____

City _____   State _____   Zip _____

A. Enter total admissions for any events for   _____ $ _____
                                                                        Month/Year

B. Enter county admissions tax due (10% of Line A) $ _____

C. Total Amount Due $ _____

Please make check payable to the:
Indiana Department of Revenue

Payments must be made with U.S. funds.
Please do not include check stubs when mailing your payments.

Mail to: Indiana Department of Revenue
          100 N Senate Ave IGCN 140
          Indianapolis, IN 46204

I declare under the penalty of perjury that this is a true, correct and complete return.

_____   _____   _____
Signature/Title   Date   Phone

This Return Must Be Filed Even If No Tax Is Due