



VILLAGE OF BOLINGBROOK AMUSEMENT TAX REMITTANCE FORM

Date _____

Bolingbrook Business Name _____

Bolingbrook Business Address _____

Corporate Name _____

Remittance Month & Year _____

Gross Sales \$ _____

Tax Rate (3.0%) \$ _____

Late Fee (5% after the 15th of month) _____

Late Penalty (1% per month) \$ _____

Total Tax Due \$ _____

Special Event _____

Prepared By (Print Name) _____

Contact phone or email _____

PLEASE RETURN THE COMPLETED FORM AND PAYMENT TO:

Village of Bolingbrook
Finance Director's Office
375 W. Briarcliff Road
Bolingbrook, IL 60440
Attn: Restaurant Tax Remittance

ONLINE PAYMENTS ACCEPTED BY VISITING:
<https://bolingbrookil.portal.opengov.com/categories/1086>

The monthly tax return shall be filed with the Finance Department Director's Office by the fifth (5) day of the month for the preceding month's receipts. Penalties for late filing will be imposed according to the Village of Bolingbrook Ordinance.