

**BRECKNOCK TOWNSHIP
AMUSEMENT TAX ORDINANCE
Report to Tax Collector**

Business Name: _____

Business Address: _____

Phone Number: _____

Type of Amusement: (check one) Golf Camping or Tent Area Other _____

Reporting Period _____ (month) _____ (year)

GOLF

- (A) Total admissions charges and collections from _____ to _____ \$ _____
- (B) Multiply Line A by 4% - Tax Due..... \$ _____
- (C) Add 10% Penalty if paid after the 10th of the following month..... \$ _____
- (D) Add Line B & C.....TOTAL \$ _____

CAMPING AND SEASONAL SITES (As defined in Amusement Tax Ordinance)

- (A) Total admissions charges and collected from _____ to _____ \$ _____
- (B) Multiply Line A by 2% - Tax Due..... \$ _____
- (C) Add 10% Penalty if paid after the 10th of the following month..... \$ _____
- (D) Add Line B & C.....TOTAL \$ _____

OTHER AMUSEMENTS (Subject to Amusement Tax Ordinance)

- (A) Total admissions charges and collections from _____ to _____ \$ _____
- (B) Multiply Line A by 10% - Tax Due..... \$ _____
- (C) Add 10% Penalty if paid after the 10th of the following month..... \$ _____
- (D) Add Line B & C.....TOTAL \$ _____

MAKE CHECKS PAYABLE TO: Tax Collector and mail payments and form to
Rachel Long 157 Boulder Hill Road Mohnton, PA 19540

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CERTIFICATION: I do hereby submit the following report to the Tax Collector of Brecknock Township pursuant to Section 4 of the Township's Amusement Tax Ordinance. I understand that falsifying any information on this Amusement Tax Return constitutes sufficient cause for rejection or revocation of my permit. I also understand that Brecknock Township may require additional information and I will supply such information upon request. I understand that under penalties or 18 Pa.C.S.A. §4904 relating to unsworn falsifications, duly sworn, depose and affirm that the information set forth above is true and correct to the best of my knowledge, information and belief.

Signature: _____ Date: ____/____/____

Printed Name: _____ Title: _____

Commonwealth of Pennsylvania :
: ss
County of Lancaster :

Sworn to and subscribed before me
this _____ day of _____, 20__.

Notary Public

My Commission Expires:

****Please note that this form and check but be submitted to the Brecknock Township Tax Collector no later than the 19th day of the month for every holder of a permit****