

CITY OF BEREA
DEPARTMENT OF FINANCE
11 BEREA COMMONS
BEREA, OH 44017

ADMISSION TAX REPORT
CUYAHOGA COUNTY FAIRGROUNDS EVENT

Event: _____
Organization or Company: _____
Contact Person/Title: _____
Address of Org/Company
&/or Contact Person: _____

<u>Date(s) of Event</u>	<u>Number of Admissions</u>	<u>Gross Admissions</u>	<u>Amt of Tax Due (3% of Gross)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Amount Due to City	_____	_____	_____

I certify that the foregoing statement is true and accurate in all respects.

Signature of Officer or Agent of Organization

IMPORTANT NOTICE

Return Admission Tax report to the Finance Department with check or money order made payable to the City of Berea immediately following the conclusion of the event for which an admission charge has been imposed.