



CITY OF KNOXVILLE, TENNESSEE

Department of Finance
 Treasury Division
 Revenue Office
 City County Building, Room 450
P.O. BOX 1028
KNOXVILLE, TN 37901-1028



THIS REPORT IS FOR THE MONTH OF: _____, 20_____

			CITY OF KNOXVILLE			*KNOX COUNTY*		
Ticket Type	Selling Price	Number Sold	Unit Price	Tax Per Unit	Tax Collected	Unit Price	Tax Per Unit	Tax Collected
TOTAL TAX COLLECTED:			CITY OF KNOXVILLE:			KNOX COUNTY:		
INTEREST & PENALTY DUE FOR LATE FILING:			_____			_____		
TOTAL AMOUNT DUE:			_____			_____		

I swear (or affirm) that I have examined this report, that it is made in good faith on behalf of the named place of amusement and that it is true and correct to the best of my knowledge and belief.

STATE OF TENNESSEE
 COUNTY OF KNOX
 Sworn and subscribed to before me

Name of Business: _____
 Business Address: _____
 Preparer Signature: _____
 Preparer Title: _____
 Owner Signature: _____

this the _____ day of _____, 20_____

NOTARY PUBLIC _____
 My Commission expires: _____

NOTICE: A FORM MUST BE FILED EACH MONTH. IF NO ADMISSIONS TAX WAS COLLECTED, PLEASE STATE "NONE", SIGN, DATE, NOTARIZE & FORWARD THIS REPORT.

FOR ASSISTANCE PLEASE TELEPHONE (865) 215-2083

This amusement tax monthly report must be completed in its entirety and proper payment attached when submitted in order to receive timely credit for filing and remittance.

For Office Use Only: Account #: _____, **Receipt #:** _____